

<b>Tab 1</b>	<b>SB 276 by Wright;</b> Similar to H 00153 Sheltering or Aiding Unmarried Minors					
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<b>Tab 2</b>	<b>SB 614 by Polsky;</b> Similar to CS/H 00531 Child Care Facility and Program Background Screening Requirements					
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218596	D	S	RCS	CF, Polsky	Delete everything after	04/02 03:31 PM
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<b>Tab 3</b>	<b>SB 886 by Leek;</b> Similar to CS/H 01013 Coordinated Systems of Care					
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504398	D	S	RCS	CF, Leek	Delete everything after	04/02 03:31 PM
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<b>Tab 4</b>	<b>SB 976 by Bernard;</b> Compare to H 00901 Court-appointed Social Investigators					
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656890	D	S	RCS	CF, Bernard	Delete everything after	04/02 07:51 AM
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565810	AA	S	RCS	CF, Bernard	Delete L.39:	04/02 07:51 AM
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<b>Tab 5</b>	<b>SB 1050 by Bradley;</b> Compare to CS/H 01103 Agency for Persons with Disabilities					
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643234	D	S	RCS	CF, Bradley	Delete everything after	04/03 07:52 AM
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<b>Tab 6</b>	<b>SB 1310 by Bradley;</b> Compare to CS/CS/H 00969 Reporting of Student Mental Health Outcomes					
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575290	D	S	RCS	CF, Bradley	Delete everything after	04/02 12:12 PM
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**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**CHILDREN, FAMILIES, AND ELDER AFFAIRS**

**Senator Grall, Chair**  
**Senator Garcia, Vice Chair**

**MEETING DATE:** Tuesday, April 1, 2025

**TIME:** 4:00—6:00 p.m.

**PLACE:** 301 Senate Building

**MEMBERS:** Senator Grall, Chair; Senator Garcia, Vice Chair; Senators Brodeur, Harrell, Rouson, Sharief, and Simon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	<b>SB 276</b> Wright (Similar H 153)	Sheltering or Aiding Unmarried Minors; Creating a presumption of knowledge upon proof that an unmarried minor has not attained 18 years of age for the purpose of unlawfully sheltering or aiding unmarried minors; providing a defense to unlawfully sheltering or aiding unmarried minors; increasing criminal penalties, etc.  CJ      03/04/2025 Favorable CF      04/01/2025 Favorable RC	Favorable Yeas 6 Nays 0
2	<b>SB 614</b> Polsky (Similar CS/H 531)	Child Care Facility and Program Background Screening Requirements; Revising the definition of the term "personnel" to include recreational enrichment program personnel for screening purposes; defining the term "recreational enrichment program"; exempting such programs from certain licensing requirements of the Department of Children and Families; prohibiting recreational enrichment programs from using or releasing information from certain criminal or juvenile records for purposes other than employment screening, etc.  CF      04/01/2025 Fav/CS AHS FP	Fav/CS Yeas 6 Nays 0
3	<b>SB 886</b> Leek (Similar CS/H 1013)	Coordinated Systems of Care; Creating the Crisis Care Coordination Pilot Program in specified counties, contingent upon legislative appropriation; requiring the Department of Children and Families to administer the pilot program; requiring the pilot program to provide community-based care coordination and support for individuals after a mental health-related contact with law enforcement officers; providing the interventions that the program offers such individuals, etc.  CF      04/01/2025 Fav/CS AHS FP	Fav/CS Yeas 6 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Children, Families, and Elder Affairs

Tuesday, April 1, 2025, 4:00—6:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	<b>SB 976</b> Bernard (Compare H 901)	Court-appointed Social Investigators; Requiring a court-appointed social investigator to submit a written report to the judge; requiring that a specified investigation be undertaken before a specified claim may be made against a court-appointed psychologist preparing a parenting plan; requiring the Department of Children and Families to develop and publish criteria for use by court-appointed social investigators, etc.  CF 04/01/2025 Fav/CS AHS FP	Fav/CS Yeas 6 Nays 0
5	<b>SB 1050</b> Bradley (Compare CS/H 1103)	Agency for Persons with Disabilities; Renaming ch. 393, F.S., as "Persons with Disabilities"; providing for a type two transfer of primary powers and duties relating to the Division of Vocational Rehabilitation, the Division of Blind Services, and the Federal Rehabilitation Trust Fund from the Department of Education to the Agency for Persons with Disabilities; providing that the Department of Education shall continue operations of certain direct-support organizations for a specified timeframe; removing specified divisions from the Department of Education; creating the statewide family care council for specified purposes, etc.  CF 04/01/2025 Fav/CS AHS AP	Fav/CS Yeas 6 Nays 0
6	<b>SB 1310</b> Bradley (Similar CS/H 969, Compare CS/S 1470)	Reporting of Student Mental Health Outcomes; Requiring the Department of Children and Families to annually submit a specified evaluation to the Governor and Legislature by a specified date; removing a provision authorizing a mental health professional to be available to the school district through specified agreements; requiring each district school board's mental health coordinator to serve as the Department of Children and Families' primary point of contact and coordinate with the department to prepare certain evaluations, etc.  CF 03/25/2025 Temporarily Postponed CF 04/01/2025 Fav/CS AHS FP	Fav/CS Yeas 6 Nays 0

Other Related Meeting Documents

By Senator Wright

8-00098-25

2025276\_\_

A bill to be entitled  
An act relating to sheltering or aiding unmarried  
minors; amending ss. 984.085 and 985.731, F.S.;  
creating a presumption of knowledge upon proof that an  
unmarried minor has not attained 18 years of age for  
the purpose of unlawfully sheltering or aiding  
unmarried minors; providing a defense to unlawfully  
sheltering or aiding unmarried minors; increasing  
criminal penalties; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 984.085, Florida Statutes, is amended to  
read:

984.085 Sheltering unmarried minors; aiding unmarried minor  
runaways; presumption; defense; penalty ~~violations.~~—

(1)(a) A person who is not an authorized agent of the  
Department of Juvenile Justice or the Department of Children and  
Families may not knowingly shelter an unmarried minor for more  
than 24 hours without the consent of the minor's parent or  
guardian or without notifying a law enforcement officer of the  
minor's name and the fact that the minor is being provided  
shelter.

(b) A person may not knowingly provide aid to an unmarried  
minor who has run away from home without first contacting the  
minor's parent or guardian or notifying a law enforcement  
officer. The aid prohibited under this paragraph includes  
assisting the minor in obtaining shelter, such as hotel  
lodgings.

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(c) Proof that an unmarried minor has not attained 18 years of age creates a presumption that the person knew the minor's age or acted in reckless disregard thereof.

(2) It is a defense to a violation under this section that the defendant had reasonable cause to believe that his or her action was necessary to preserve the minor from danger to his or her welfare.

(3) A person who violates this section commits a felony of the third ~~misdemeanor of the first~~ degree, punishable as provided in s. 775.082, ~~or~~ s. 775.083, or s. 775.084.

Section 2. Section 985.731, Florida Statutes, is amended to read:

985.731 Sheltering unmarried minors; aiding unmarried minor runaways; presumption; defense; penalty ~~violations.~~

(1)(a) A person who is not an authorized agent of the department or the Department of Children and Families may not knowingly shelter an unmarried minor for more than 24 hours without the consent of the minor's parent or guardian or without notifying a law enforcement officer of the minor's name and the fact that the minor is being provided shelter.

(b) A person may not knowingly provide aid to an unmarried minor who has run away from home without first contacting the minor's parent or guardian or notifying a law enforcement officer. The aid prohibited under this paragraph includes assisting the minor in obtaining shelter, such as hotel lodgings.

(c) Proof that an unmarried minor has not attained 18 years of age creates a presumption that the person knew the minor's age or acted in reckless disregard thereof.

8-00098-25

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59           (2) It is a defense to a violation under this section that  
60 the defendant had reasonable cause to believe that his or her  
61 action was necessary to preserve the minor from danger to his or  
62 her welfare.

63           (3) A person who violates this section commits a felony of  
64 the third ~~misdemeanor of the first~~ degree, punishable as  
65 provided in s. 775.082, ~~or~~ s. 775.083, or s. 775.084.

66           Section 3. This act shall take effect October 1, 2025.

The Florida Senate

# APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 0276

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Street

City

State

Zip

Email

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

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In Support

☐

Against

## PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without  
compensation or sponsorship.

☒

I am a registered lobbyist,  
representing:

Volusia Sheriff's  
Office

☐

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: SB 276

INTRODUCER: Senator Wright

SUBJECT: Sheltering or Aiding Unmarried Minors

DATE: March 31, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wyant	Stokes	CJ	<b>Favorable</b>
2.	Tuszynski	Tuszynski	CF	<b>Favorable</b>
3.			RC	

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## **I. Summary:**

SB 276 amends ss. 984.085 and 985.731, F.S., to create a presumption and defense to the crime of sheltering or aiding an unmarried minor. Current law provides prohibitions against knowingly sheltering or aiding unmarried minors, except under specified conditions.

The bill provides that:

- Proof that an unmarried minor has not attained 18 years of age creates a presumption that the person knew the minor's age or acted in reckless disregard thereof.
- It is a defense to the crime of unlawfully sheltering or aiding unmarried a minor if the defendant had reasonable cause to believe that his or her action was necessary to preserve the minor from danger to his or her welfare.

The bill increases the crime of sheltering or aiding an unmarried minor from a first degree misdemeanor to a third degree felony.

The bill may have an indeterminate fiscal impact on the Department of Corrections. *See Section V. Fiscal Impact Statement.*

The bill is effective on October 1, 2025.

## **II. Present Situation:**

### **Homeless and Runaway Children and Youth**

Federal law provides a definition for the term "homeless children and youths," which means individuals who lack a fixed, regular, and adequate nighttime residence and includes children and youths who are:



- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- Living in emergency or transitional shelters or are abandoned in hospitals;
- Utilizing for a primary nighttime residence a place that is a public or private place but not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children living in circumstances described above.<sup>1</sup>

The term “unaccompanied youth” includes a youth not in the physical custody of a parent or guardian.<sup>2</sup>

Florida law defines the term “children and youths who are experiencing homelessness” to have the same meaning as “homeless children and youths” under federal law and described above.<sup>3</sup>

### ***Homeless Children and Youth***

Each year, an estimated 3.5 million youth and young adults experience homelessness in the United States, 700,000 of which are unaccompanied minors—meaning they are not part of a family or accompanied by a parent or guardian. These estimates indicate that approximately one in 10 adults’ ages 18 to 25, and one in 30 youth ages 13 to 17 will experience homelessness each year.<sup>4</sup>

The Voices of Youth Count from Chapin Hall at the University of Chicago found, in part, that one in 10 young adults ages 18-25, and at least one in 30 adolescents ages 13-17, experience some form of homelessness unaccompanied by a parent or guardian over the course of a year.

- Black youth face an 83% increased risk, and Hispanic youth 33% increased risk, than their white peers.
- LGBTQ youth were more than twice as likely to have experienced homelessness.
- Young parents – especially unmarried – had a three times higher risk for homelessness than non-parenting peers.
- Youth with experiences in foster care, juvenile detention, jail, or prison are at a higher risk for homelessness.
- Youth who do not complete high school are 3.5 times more likely to experience homelessness than peers who completed a high school diploma.<sup>5</sup>

As of 2024, Florida had an estimated 31,362 people experiencing homelessness on any given day, as reported by the U.S. Department of Housing and Urban Development (HUD), which is

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<sup>1</sup> 42 USC s. 11434a.

<sup>2</sup> *Id.*

<sup>3</sup> Section 1003.01(4), F.S.

<sup>4</sup> National Network for Youth, *Youth Homelessness*, available at <https://nn4youth.org/learn/youth-homelessness/> (last visited March 26, 2025).

<sup>5</sup> *Id.*

14 in every 10,000 people.<sup>6</sup> Of that total, 7,563 people were in families with children, 1,367 were unaccompanied homeless youth, 2,333 were veterans, and 6,100 were chronically homeless individuals.<sup>7</sup>

The Florida Department of Education (FDOE) reports that 94,902 students experienced homelessness in the 2022-2023 school year, the overall number increased by 21 percent between 2022 and 2023.<sup>8</sup>

### ***Runaway Youth***

Research shows that almost seven percent of youth, or 1.5 million children and adolescents, run away each year.<sup>9</sup> Youth most often runaway from home and become homeless due to family conflicts, abuse, and/or neglect.<sup>10</sup> The National Center for Missing & Exploited Children defines an Endangered Runaway as a child under the age of 18 who is missing on his or her own accord and whose whereabouts are unknown to their parent or legal guardian.<sup>11</sup> These children are highly vulnerable and can experience homelessness when they are missing. Research indicates that in 2023, 74 percent of endangered runaways reported were between 15-17 years old. The risk factors for running away from home or state care are multifaceted, and there is no typical Endangered Runaway. Risk factors that put the youth at an increased risk of running away or becoming homeless include:

- Physical or sexual abuse
- Family conflict
- Struggling to manage mental health
- Substance abuse
- Medical issue/developmental or physical disability
- Pregnancy
- Online enticement
- To be with a friend, romantic partner, or biological family
- Gang activity
- Child sex trafficking
- Social rejection or bullying<sup>12</sup>

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<sup>6</sup> U.S. Department of Housing and Urban Development, *2024 Annual Homelessness Assessment Report (AHAR)* to Congress, available at <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf> (last visited March 26, 2025).

<sup>7</sup> *Id.*

<sup>8</sup> Florida's Council on Homelessness, *2024 Annual Report*, pg. 34, available at <https://www.myflfamilies.com/sites/default/files/2024-07/Council%202024%20Annual%20Homelessness%20Report.pdf> (last visited March 26, 2025).

<sup>9</sup> National Conference of State Legislatures, *Youth Homelessness Overview*, available at <https://www.ncsl.org/human-services/youth-homelessness-overview> (last visited March 26, 2025).

<sup>10</sup> *Id.*

<sup>11</sup> National Center for Missing & Exploited Children, *Endangered Runaways*, available at <https://www.missingkids.org/theissues/runaways> (last visited March 26, 2025).

<sup>12</sup> *Id.*

## Risk of Human Trafficking

Homeless and runaway youth experience the risk factors of trafficking at a higher rate, such as mental health issues, addiction, poverty, unemployment, and a history of abuse. As a result, they are more susceptible to human trafficking and other forms of exploitation.<sup>13</sup> According to research, an estimated 4.2 million young people (ages 13-25) experience homelessness annually, including 700,000 unaccompanied minor youth ages 13 to 17. Many of those young people will become victims of sex or labor trafficking. Research from numerous studies have found trafficking rates among youth experiencing homelessness ranging from 19 percent to 40 percent. Using the lower-end estimate of one in five youth experiencing homelessness also being trafficked for sex, labor, or both, this means that approximately 800,000 youth who experience homelessness are also survivors of trafficking.<sup>14</sup>

The Florida Legislature recognizes human trafficking as a form of modern-day slavery whose victims include young children, teenagers, and adults who may be citizens that are trafficked domestically within the borders of the United States or smuggled across international borders worldwide.<sup>15</sup> While many victims of human trafficking are forced to work in prostitution or sexual entertainment, trafficking also occurs in forms of labor exploitation, such as domestic servitude, restaurant work, janitorial work, factory work, and agricultural work.<sup>16</sup>

Florida law defines “human trafficking” as transporting, soliciting, recruiting, harboring, providing, enticing, maintaining,<sup>17</sup> purchasing, patronizing, procuring, or obtaining<sup>18</sup> another person for the purpose of exploitation of that person.<sup>19</sup>

Human trafficking includes two types of exploitation: commercial sexual exploitation (CSE) and forced labor.<sup>20</sup> In 2023, according to the Department of Children and Families, 339 youth were verified as victims of commercial sexual exploitation (CSE) in Florida. The overall number has decreased by 11% since 2020.<sup>21</sup>

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<sup>13</sup> United Way, *The Intersection between Housing Instability and Human Trafficking*, available at <https://www.unitedway.org/news/the-intersection-between-housing-instability-and-human-trafficking> (last visited March 26, 2025).

<sup>14</sup> Human Trafficking Search, *The Intersection Between Youth Homelessness and Human Trafficking*, available at <https://humantraffickingsearch.org/the-intersection-between-youth-homelessness-and-human-trafficking/> (last visited March 26, 2025).

<sup>15</sup> Section 787.06, F.S.

<sup>16</sup> *Id.*

<sup>17</sup> Section 787.06(2)(f), F.S., provides “maintain” means, in relation to labor or services, to secure or make possible continued performance thereof, regardless of any initial agreement on the part of the victim to perform such type service. Section 787.06(2)(h), F.S., defines “services” as any act committed at the behest of, under the supervision of, or for the benefit of another, including forced marriage, servitude, or the removal of organs.

<sup>18</sup> Section 787.06(2)(g), F.S., provides “obtain” means, in relation to labor, commercial sexual activity, or services, to receive, take possession of, or take custody of another person or secure performance thereof. Section 787.06(2)(e), F.S., provides “labor” means work of economic or financial value.

<sup>19</sup> Section 787.06(2)(d), F.S.

<sup>20</sup> Section 787.06, F.S.

<sup>21</sup> Office of Program Policy Analysis & Government Accountability, *Annual Report on Commercial Sexual Exploitation of Minors, 2024*, available at <https://oppaga.fl.gov/Documents/Reports/24-04.pdf> (last visited March 26, 2025).

### Sheltering or Aiding Unmarried Minors

In 2016, Sam Fugatt was arrested for two charges of sheltering or aiding two unmarried minors by accompanying two runaways on a bus to Miami International Airport. One of the minors alleged she and Fugatt engaged in sexual relations at least three times.<sup>22</sup> In 2018, Sam Fugatt was arrested again on charges of having sexual relations and providing narcotics to a 14-year-old girl. Police made statements that Fugatt will lure a girl, someone in foster care or who otherwise has minimal parental supervision, to his home via social media and then take that girl's phone to look for others like her. Detective said they also were told that Fugatt provided drugs to the teen, got her involved in other illegal activities, and would sometimes pick her up from school and take her away for days at a time.<sup>23</sup>

Florida law provides criminal penalties under two sections of law for sheltering or aiding unmarried minors.

Sections 984.085 and 985.731, F.S., provides it is a first degree misdemeanor<sup>24</sup> for a person:

- Who is not an authorized agent of the DCF or the DJJ to knowingly shelter an unmarried minor for more than 24 hours without the consent of the minor's parent or guardian or without notifying a law enforcement officer of the minor's name and the fact that the minor is being provided shelter.
- To knowingly provide aid to an unmarried minor who has run away from home without first contacting the minor's parent or guardian or notifying a law enforcement officer. The aid prohibited under this paragraph includes assisting the minor in obtaining shelter, such as hotel lodgings.<sup>25,26</sup>

### III. Effect of Proposed Changes:

The bill amends ss. 984.085 and 985.731, F.S., to create a presumption and defense to the crime of shelter or aiding an unmarried minor. Current law provides prohibitions against knowingly sheltering or aiding unmarried minors, except under specified conditions.

The bill provides that:

- Proof that an unmarried minor has not attained 18 years of age creates a presumption that the person knew the minor's age or acted in reckless disregard thereof.
- It is a defense to the crime of unlawfully sheltering or aiding unmarried a minor if the defendant had reasonable cause to believe that his or her action was necessary to preserve the minor from danger to his or her welfare.

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<sup>22</sup> The Daytona Beach News-Journal, *Police: Daytona Man Sheltered Minor Runaways*, Suzanne Hirt (August 4, 2017), available at <https://www.news-journalonline.com/story/news/crime/2017/08/04/police-daytona-man-sheltered-minor-runaways/20017043007/> (last visited March 26, 2025).

<sup>23</sup> The Daytona Beach News-Journal, *Daytona Man Accused of Sexually Abusing Girl, 14*, Tony Holt (September 7, 2018), available at <https://www.news-journalonline.com/story/news/crime/2018/09/07/daytona-man-accused-of-sexually-abusing-girl-14/10816562007/> (last visited March 26, 2025).

<sup>24</sup> A misdemeanor of the first degree is punishable by a term of imprisonment not exceeding 1 year and a fine not exceeding \$1,000. Section 775.082 and 775.083, F.S.

<sup>25</sup> Section 984.085, F.S.

<sup>26</sup> Section 985.731, F.S.

The bill increases the crime of sheltering or aiding an unmarried minor from a first degree misdemeanor to a third degree felony.

The bill is effective on October 1, 2025.

#### **IV. Constitutional Issues:**

**A. Municipality/County Mandates Restrictions:**

The bill does not require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18, of the State Constitution.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

The bill may create a rebuttable or an irrebuttable presumption by creating a presumption that a person in violation of this statute knew the minor's age or acted in reckless disregard thereof. A mandatory irrebuttable presumption violates due process because it relieves the prosecution of the burden of persuasion on an element of the criminal offense. A rebuttable presumption does not remove the presumed element the state must prove, but it shifts the burden of proof to the defendant to persuade or provide evidence otherwise, violating due process in most cases.<sup>27</sup>

While the general rule is that every crime must include a specific intent, or a mens rea, the legislature and courts recognize an exception where the state has a compelling interest in protecting underage persons from being sexually abused or exploited. In cases relating to sex offenses or abuse involving minors, a persons ignorance of the age of the victim is not a defense, nor is the misrepresentation of age or a defendant's real belief that such victim is over the specified age.<sup>28,29</sup>

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<sup>27</sup> *Ibarrondo v. State*, 1 So. 3d 226 (Fla. 5th DCA 2008)

<sup>28</sup> *State v. Sorakrai*, 543 So. 2d 294 (Fla. 2d DCA 1989)

<sup>29</sup> *Grady v. State*, 701 So. 2d 1181 (Fla. 5th DCA 1997)

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

The bill may have an indeterminate fiscal impact on the Department of Corrections due to the enhanced penalties under the bill and the possibility of offenders receiving prison sentences.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 984.085 and 985.731.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

By Senator Polsky

30-01367-25

2025614\_\_

A bill to be entitled

An act relating to child care facility and program background screening requirements; amending s. 409.175, F.S.; revising the definition of the term "personnel" to include recreational enrichment program personnel for screening purposes; revising the definition of the term "residential child-caring agency" to exclude recreational enrichment programs; defining the term "recreational enrichment program"; exempting such programs from certain licensing requirements of the Department of Children and Families; authorizing rulemaking; authorizing the department to pursue certain remedies for the failure of a recreational enrichment program to comply with certain screening requirements; prohibiting recreational enrichment programs from using or releasing information from certain criminal or juvenile records for purposes other than employment screening; providing criminal penalties; creating s. 409.1751, F.S.; requiring the department, in conjunction with the Agency for Health Care Administration and the Department of Law Enforcement, to develop and maintain a statewide background screening public awareness campaign; amending s. 409.1676, F.S.; conforming a cross-reference; making a technical change; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

30-01367-25

2025614\_\_

Section 1. Present paragraphs (l) through (p) of subsection (2) of section 409.175, Florida Statutes, are redesignated as paragraphs (m) through (q), respectively, a new paragraph (l) is added to that subsection, and paragraph (j) and present paragraph (l) of subsection (2), paragraph (d) of subsection (4), paragraphs (e) and (l) of subsection (6), and subsections (10) and (12) of that section are amended, to read:

409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.—

(2) As used in this section, the term:

(j) "Personnel" means all owners, operators, employees, and volunteers working in a child-placing agency or residential child-caring agency who may be employed by or do volunteer work for a person, corporation, or agency that holds a license as a child-placing agency or a residential child-caring agency, but the term does not include those who do not work on the premises at which ~~where~~ child care is furnished and have no direct contact with a child or have no contact with a child outside of the presence of the child's parent or guardian. For purposes of screening, the term includes any member, over the age of 12 years, of the family of the owner or operator or any person other than a client, over the age of 12 years, residing with the owner or operator if the agency is located in or adjacent to the home of the owner or operator or if the family member of, or person residing with, the owner or operator has any direct contact with the children. Members of the family of the owner or operator, or persons residing with the owner or operator, who are between the ages of 12 years and 18 years are not required



30-01367-25

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to be fingerprinted, but must be screened for delinquency records. For purposes of screening, the term also includes owners, operators, employees, and volunteers working in summer day camps, ~~or~~ summer 24-hour camps providing care for children or recreational enrichment programs providing services for children. A volunteer who assists on an intermittent basis for less than 10 hours per month shall not be included in the term "personnel" for the purposes of screening if a person who meets the screening requirement of this section is always present and has the volunteer in his or her line of sight.

(1) "Recreational enrichment program" means an organization that provides enrichment activities to children, such as dance instruction, music instruction, gymnastics instruction, or martial arts instruction, offered on an ongoing basis, which takes place partially or fully indoors. The term does not include an organization licensed or registered to provide child care under chapter 402, summer 24-hour camps, or summer day camps.

(m) ~~(1)~~ "Residential child-caring agency" means any person, corporation, or agency, public or private, other than the child's parent or legal guardian, that provides staffed 24-hour care for children in facilities maintained for that purpose, regardless of whether operated for profit or whether a fee is charged. Such residential child-caring agencies include, but are not limited to, maternity homes, runaway shelters, group homes that are administered by an agency, emergency shelters that are not in private residences, and wilderness camps. Residential child-caring agencies do not include hospitals, boarding schools, summer or recreation camps, recreational enrichment

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88 programs, nursing homes, or facilities operated by a  
89 governmental agency for the training, treatment, or secure care  
90 of delinquent youth, or facilities licensed under s. 393.067 or  
91 s. 394.875 or chapter 397.

92 (4)

93 (d) This license requirement does not apply to boarding  
94 schools, recreation and summer camps, recreational enrichment  
95 programs, nursing homes, hospitals, or to persons who care for  
96 children of friends or neighbors in their homes for periods not  
97 to exceed 90 days or to persons who have received a child for  
98 adoption from a licensed child-placing agency.

99 (6)

100 (e)1. The department may pursue other remedies provided in  
101 this section in addition to denial or revocation of a license  
102 for failure to comply with the screening requirements. The  
103 disciplinary actions determination to be made by the department  
104 and the procedure for hearing for applicants and licensees shall  
105 be in accordance with chapter 120.

106 2. When the department has reasonable cause to believe that  
107 grounds for denial or termination of employment exist, it shall  
108 notify, in writing, the applicant, licensee, ~~or~~ summer or  
109 recreation camp, or recreational enrichment program, and the  
110 personnel affected, stating the specific record that indicates  
111 noncompliance with the screening requirements.

112 3. Procedures established for hearing under chapter 120  
113 shall be available to the applicant, licensee, summer day camp,  
114 ~~or~~ summer 24-hour camp, or recreational enrichment program, and  
115 affected personnel, in order to present evidence relating either  
116 to the accuracy of the basis for exclusion or to the denial of

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an exemption from disqualification. Such procedures may also be used to challenge a decision by a community-based care lead agency's refusal to issue a letter supporting an application for licensure. If the challenge is to the actions of the community-based care lead agency, the respondent to the challenge shall be the lead agency and the department shall be notified of the proceedings.

4. Refusal on the part of an applicant to dismiss personnel who have been found not to be in compliance with the requirements for good moral character of personnel shall result in automatic denial or revocation of license in addition to any other remedies provided in this section which may be pursued by the department.

(1) The department may not license summer day camps, ~~or~~ summer 24-hour camps, or recreational enrichment programs. However, the department shall have access to the personnel records of such facilities to ensure compliance with the screening requirements. The department may adopt rules relating to the screening requirements for summer day camps, ~~and~~ summer 24-hour camps, and recreational enrichment programs.

(10)(a) The department may institute injunctive proceedings in a court of competent jurisdiction to:

1. Enforce the provisions of this section or any license requirement, rule, or order issued or entered into pursuant thereto; or

2. Terminate the operation of an agency in which any of the following conditions exist:

a. The licensee has failed to take preventive or corrective measures in accordance with any order of the department to

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maintain conformity with licensing requirements.

b. There is a violation of any of the provisions of this section, or of any licensing requirement promulgated pursuant to this section, which violation threatens harm to any child or which constitutes an emergency requiring immediate action.

3. Terminate the operation of a summer day camp or summer 24-hour camp providing care for children or a recreational enrichment program providing services for children when such camp or program has willfully and knowingly refused to comply with the screening requirements for personnel or has refused to terminate the employment of personnel found to be in noncompliance with the requirements for good moral character as determined in paragraph (5)(b).

(b) If the department finds, within 30 days after written notification by registered mail of the requirement for licensure, that a person or agency continues to care for or to place children without a license or, within 30 days after written notification by registered mail of the requirement for screening of personnel and compliance with paragraph (5)(b) for the hiring and continued employment of personnel, that a summer day camp, ~~or~~ summer 24-hour camp, or recreational enrichment program continues to provide care for or services to children without complying, the department shall notify the appropriate state attorney of the violation of law and, if necessary, shall institute a civil suit to enjoin the person or agency from continuing the placement or care of children, or to enjoin the summer day camp, ~~or~~ summer 24-hour camp, or recreational enrichment program from continuing the care of, or providing services to, children.

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(c) Such injunctive relief may be temporary or permanent.

(12)(a) It is unlawful for any person or agency to:

1. Provide continuing full-time care for or to receive or place a child apart from her or his parents in a residential group care facility, family foster home, or adoptive home without a valid license issued by the department if such license is required by subsection (5); or

2. Make a willful or intentional misstatement on any license application or other document required to be filed in connection with an application for a license.

(b) It is unlawful for any person, agency, family foster home, summer day camp, or summer 24-hour camp providing care for children to:

~~1.~~ willfully or intentionally fail to comply with the requirements for the screening of personnel and family foster homes or the dismissal of personnel or removal of household members found not to be in compliance with the requirements for good moral character as specified in paragraph (5)(b).

(c)2. It is unlawful for any person, agency, family foster home, summer day camp, or summer 24-hour camp providing care for children, or any recreational enrichment program providing services to children, to use information from the criminal records obtained under this section for any purpose other than screening a person for employment as specified in this section or to release such information to any other person for any purpose other than screening for employment as specified in this section.

(d)~~(e)~~ It is unlawful for any person, agency, family foster home, summer day camp, or summer 24-hour camp providing care for

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children, or any recreational enrichment program providing services to children, to use information from the juvenile records of any person obtained under this section for any purpose other than screening for employment as specified in this section or to release information from such records to any other person for any purpose other than screening for employment as specified in this section.

(e)~~(d)~~1. A first violation of paragraph (a), ~~or~~ paragraph (b), or paragraph (c) is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

2. A second or subsequent violation of paragraph (a), ~~or~~ paragraph (b), or paragraph (c) is a felony of the third degree, punishable as provided in s. 775.082 or s. 775.083.

3. A violation of paragraph (d) ~~paragraph (e)~~ is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 2. Section 409.1751, Florida Statutes, is created to read:

409.1751 Statewide background screening public awareness campaign.—The department, in conjunction with the Agency for Health Care Administration and the Department of Law Enforcement, shall develop and maintain a statewide public awareness campaign of the state's background screening requirements in s. 409.175 for summer day camps, summer 24-hour camps, and recreational enrichment programs. The campaign must include, but is not limited to, Internet, television, radio, and outdoor advertising and public service announcements.

Section 3. Paragraph (b) of subsection (2) of section 409.1676, Florida Statutes, is amended to read:

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233 409.1676 Comprehensive residential group care services to  
234 children who have extraordinary needs.-

235 (2) As used in this section, the term:

236 (b) "Residential group care" means a living environment for  
237 children who have been adjudicated dependent and are expected to  
238 be in foster care for at least 6 months with 24-hour-awake staff  
239 or live-in group home parents or staff. Each facility must be  
240 appropriately licensed in this state as a residential child-  
241 caring ~~child-caring~~ agency as defined in s. 409.175(2)(m) ~~s.~~  
242 ~~409.175(2)(1)~~ and must be accredited by July 1, 2005. A  
243 residential group care facility serving children having a  
244 serious behavioral problem as defined in this section must have  
245 available staff or contract personnel with the clinical  
246 expertise, credentials, and training to provide services  
247 identified in subsection (4).

248 Section 4. This act shall take effect July 1, 2025.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: CS/SB 614

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Polsky

SUBJECT: Public Education of Background Screening Requirements

DATE: April 2, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Kennedy	Tuszynski	CF	<b>Fav/CS</b>
2.			AHS	
3.			FP	

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 614 requires the Agency for Health Care Administration (AHCA), in partnership with other state agencies, to develop and maintain a publicly accessible educational webpage as part of the Care Provider Background Screening Clearinghouse.

This webpage must provide user-friendly information on background screening requirements, including explanations of the Clearinghouse, Level 2 screening, and live-scan fingerprinting, along with a catalog of jobs requiring screening and a summary of disqualifying offenses and exemption procedures.

Additionally, the webpage is required to go live by January 1, 2026, with updates occurring annually each October.

The bill has a potential indeterminate negative fiscal impact related to enforcement and outreach efforts. **See Section V., Fiscal Impact Statement.**

This bill takes effect July 1, 2025.



## II. Present Situation:

### Criminal Background Screening

Criminal background screening plays a key role in protecting vulnerable populations such as children, individuals with disabilities, and the elderly. The Florida Department of Law Enforcement (FDLE) operates the Care Provider Background Screening Clearinghouse, which handles fingerprint-based background checks for individuals applying to work in various care settings. These screenings include both state and federal criminal history checks. Level 2 screening includes, but is not limited to, fingerprinting for statewide criminal history records checks through the FDLE, and national criminal history records checks through the Federal Bureau of Investigation (FBI).<sup>1</sup>

Various Florida agencies require background screenings depending on the population served. For example, the Department of Children and Families (DCF) mandates screenings for individuals working in child care facilities, foster care, adoption agencies, and certain recreational programs.<sup>2</sup> The Agency for Health Care Administration (AHCA) also plays a role in oversight, particularly for health care providers.<sup>3</sup>

To ensure accountability, statute enforces strict penalties for noncompliance. Programs that fail to screen personnel or knowingly retain individuals with disqualifying offenses may face legal action.<sup>4</sup> Under Section 409.175(12), F.S., such violations can result in first-degree misdemeanor or third-degree felony charges depending on the circumstances.<sup>5</sup>

Section 435, F.S., sets the legal standards for background screening of individuals in positions of trust, particularly those working with vulnerable populations. It outlines Level 1 (state-only) and Level 2 (state and federal fingerprint-based) screenings:

- **Level 1:** Screening includes, at a minimum, employment history checks and statewide criminal correspondence checks through the Florida Department of Law Enforcement (FDLE) and a check of the Dru Sjodin National Sex Offender Public Website,<sup>6</sup> and may include criminal records checks through local law enforcement agencies.<sup>7,8</sup>
- **Level 2:** Screening includes, at a minimum, fingerprinting for statewide criminal history records checks through FDLE and national criminal history checks through the FBI, and may include local criminal records checks through local law enforcement agencies.<sup>9</sup>

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<sup>1</sup> Section 435.01, F.S.

<sup>2</sup> Florida Department of Children and Families, *Background Screening*, available at <https://www.myflfamilies.com/services/background-screening> (last visited March 26, 2025).

<sup>3</sup> Florida Agency for Health Care Administration, *Background Screening*, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-central-services/background-screening> (last visited March 26, 2025).

<sup>4</sup> Section 409.175, F.S.

<sup>5</sup> *Id.*

<sup>6</sup> The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site, [www.nsopw.gov](http://www.nsopw.gov) (last visited March 26, 2025).

<sup>7</sup> Florida Department of Law Enforcement, *State of Florida Criminal History Records Check*, <http://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks.aspx> (last visited March 26, 2025).

<sup>8</sup> Section 435.03, F.S.

<sup>9</sup> Section 435.04, F.S.

Florida law prohibits anyone, including individuals, agencies, foster homes, and children's camps, from using criminal or juvenile record information obtained through background screening for anything other than employment decisions.<sup>10</sup>

### *Disqualifying Offenses*

Disqualifying offense refers to a criminal conviction that legally bars an individual from employment in certain positions of trust or care, particularly those involving vulnerable populations such as children, the elderly, or persons with disabilities.<sup>11</sup> If a person has been convicted of a disqualifying offense, they are generally ineligible for employment in licensed facilities or programs unless they obtain an exemption from disqualification.<sup>12</sup> Employers are prohibited from hiring individuals with these offenses unless a formal exemption is granted by the appropriate agency.<sup>13</sup> Disqualifying offenses include:

Statute	Offense Description
39.205	Failure to report child abuse, abandonment, or neglect
393.135	Sexual misconduct with developmentally disabled clients
394.4593	Sexual misconduct with mental health patients
414.39	Public assistance fraud (felony)
415.111	Abuse, neglect, or exploitation of aged or disabled adults
777.04	Attempts, solicitation, and conspiracy to commit listed offenses
782.04	Murder
782.07	Manslaughter and aggravated manslaughter
782.071	Vehicular homicide
782.09	Killing of unborn child by injury to mother
Chapter 784	Felony assault, battery, or culpable negligence
784.011	Assault (victim was a minor)
784.021	Aggravated assault
784.03	Battery (victim was a minor)
784.045	Aggravated battery
784.075	Battery on facility staff or juvenile probation officer
787.01	Kidnapping
787.02	False imprisonment
787.025	Luring or enticing a child
787.04(2)	Interfering with custody—taking child beyond state lines
787.04(3)	Avoiding custody hearing—taking child beyond state lines
787.06	Human trafficking
787.07	Human smuggling
790.115(1)	Exhibiting firearms or weapons within 1,000 feet of school
790.115(2)(b)	Possessing weapons on school property
794.011	Sexual battery
794.041	Prohibited acts by persons in familial/custodial authority

<sup>10</sup> Section 409.175(12), F.S.

<sup>11</sup> Section 435.01, F.S.

<sup>12</sup> Section 435.07, F.S.

<sup>13</sup> Section 435.06, F.S.

Statute	Offense Description
794.05	Unlawful sexual activity with certain minors
794.08	Female genital mutilation
Chapter 796	Prostitution-related offenses
798.02	Lewd and lascivious behavior
Chapter 800	Lewdness and indecent exposure
806.01	Arson
810.02	Burglary
810.14	Voyeurism (felony)
810.145	Video voyeurism (felony)
Chapter 812	Theft, robbery, and related crimes (felony)
817.563	Fraudulent sale of controlled substances (felony)
825.102	Abuse or neglect of elderly or disabled adult
825.1025	Lewd acts upon elderly or disabled adult
825.103	Exploitation of elderly or disabled adult (felony)
826.04	Incest
827.03	Child abuse or neglect
827.04	Contributing to delinquency or dependency of a child
827.05	Negligent treatment of children (former statute)
827.071	Sexual performance by a child
831.311	Counterfeit-resistant prescription blanks
836.10	Threats of violence or terrorism
843.01	Resisting arrest with violence
843.025	Depriving officer of communication or protection
843.12	Aiding in an escape
843.13	Aiding juvenile inmate escape
Chapter 847	Obscene literature
859.01	Poisoning food or water
873.01	Illegal sale or purchase of human organs or tissue
874.05	Gang recruitment or encouragement
Chapter 893	Drug offenses (felony or involving minors)
916.1075	Sexual misconduct with forensic clients
944.35(3)	Cruel treatment of inmate causing great bodily harm
944.40	Escape
944.46	Aiding escaped prisoner
944.47	Introducing contraband into correctional facility
985.701	Sexual misconduct in juvenile programs
985.711	Contraband in detention facilities

### ***Exemptions***

An exemption from disqualification in Florida allows individuals who have been disqualified from employment due to a criminal offense to request permission to work in positions requiring background screening, despite their criminal history.<sup>14</sup> According to statute the licensing agency

<sup>14</sup> Section 435.07(1), F.S.

may grant to any employee otherwise disqualified from employment an exemption from disqualification for employment or permission to work solely in a nonclient-facing role if certain criteria are met.<sup>15</sup> The exemptions are as follows:<sup>16</sup>

- Two years have elapsed since the individual has completed or been lawfully released from confinement supervision, or nonmonetary condition imposed by a court for a disqualifying felony; or
- The individual has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by a court for a misdemeanor or an offense that was a felony at the time of commission but is now a misdemeanor.

Exemptions from disqualification are not available for individuals convicted of certain serious criminal offenses such as sexual misconduct with children, murder, kidnapping, human trafficking, and other violent or sexually explicit offenses involving vulnerable populations unless a specific statutory provision allows it.<sup>17</sup> These offenses are viewed as incompatible with positions of trust or care, particularly those involving children, the elderly, or persons with disabilities.<sup>18</sup>

### ***Care Provider Background Screening Clearinghouse***

The Care Provider Background Screening Clearinghouse was first authorized in 2010 to create a centralized system for background screening across multiple health and human services agencies.<sup>19</sup> Prior to the Clearinghouse, individuals working with vulnerable populations, such as children, the elderly, or persons with disabilities, who often had to undergo separate background checks for each agency or employer, even within similar roles. This resulted in unnecessary delays, duplication of efforts, and increased costs for providers and the state.

The Clearinghouse was formally launched and began operations in 2012 in coordination with the AHCA and other state agencies.<sup>20</sup> The statute authorizes the AHCA to implement and maintain the Clearinghouse in coordination with other state agencies, including:<sup>21</sup>

- Department of Children and Families (DCF)
- Department of Health (DOH)
- Department of Elder Affairs (DOEA)
- Agency for Persons with Disabilities (APD)
- Department of Juvenile Justice (DJJ)
- Department of Education (DOE)

The Clearinghouse allows these agencies to access and share background screening results and eligibility determinations for individuals working or seeking to work in positions that require screening.<sup>22</sup> Authorized employers and state agencies can access screening results and eligibility

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<sup>15</sup> *Id.*

<sup>16</sup> Section 435.07, F.S.

<sup>17</sup> Section 435.07(4), F.S.

<sup>18</sup> Section 431.01, F.S.

<sup>19</sup> Section 435, F.S.

<sup>20</sup> Section 435.12, F.S.

<sup>21</sup> Rule 59A-35.090, F.A.C.

<sup>22</sup> Section 435.12(1), F.S.

decisions in real time, helping speed up hiring and licensing.<sup>23</sup> Each screening includes a photo to verify the person's identity.<sup>24</sup> All screenings are Level 2 background checks, which include fingerprinting and checks with FDLE, the FBI, and state abuse registries.<sup>25</sup> The Clearinghouse also stores fingerprints for up to five years using the Florida Department of Law Enforcement's Civil Workflow Control System (CWCS) allowing for easy rescreening and ongoing monitoring.<sup>26</sup> The Clearinghouse ensures regulatory compliance, prevents unnecessary duplication, and supports continuity across sectors while maintaining the integrity and security of screening information.

### III. Effect of Proposed Changes:

**Section 1** amends s. 435.12, F.S., to require the Agency for Health Care Administration (AHCA), in coordination with other specified agencies, to create a public-facing webpage that serves as a centralized hub for background screening education and awareness. This webpage must be accessible, non-technical, and tailored to qualified entities.

The webpage must explain how the Care Provider Background Screening Clearinghouse works, clarify Level 2 screening requirements, and outline procedures for live-scan fingerprinting, including vendor information and estimated costs. It must also feature a searchable catalog listing all employment positions legally subject to screening, identifying disqualifying offenses and outlining the exemption process.

The site must provide a downloadable checklist that summarizes key steps, timelines, and agency contacts related to the screening process. Additionally, the bill requires all specified agencies to prominently link to this resource from their websites and encourage the inclusion of the link in job postings.

The webpage must go live by January 1, 2026, and be updated annually by October 1 to reflect changes in law or process.

**Section 2** of the bill provides an effective date of July 1, 2025.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

None

#### B. Public Records/Open Meetings Issues:

None.

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<sup>23</sup> *Id.*

<sup>24</sup> Section 435.12(2)(c), F.S.

<sup>25</sup> Section 435.04, F.S.

<sup>26</sup> Rule 59A-35.090, F.A.C.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None Identified.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None

C. Government Sector Impact:

Indeterminate negative fiscal impact on state government through the development and annual updating of a publicly accessible educational webpage as part of the Care Provider Background Screening Clearinghouse.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 435.12 of the Florida Statutes.

**IX. Additional Information:**

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Children, Families, and Elder Affairs Committee on April 1, 2025:**

The CS requires the Agency for Health Care Administration, in consultation with the Department of Law Enforcement and other specified agencies to:

- Develop and maintain a publicly available webpage as part of the existing Care Provider Background Screening Clearinghouse system.

- Website must include clear, non-technical information tailored to qualified entities about background screening requirements.
  - Details on Level 2 background screening, the Care Provider Background Screening Clearinghouse and Live-scan fingerprinting or similar system.
  - A searchable catalog, organized by agency, listing job classes/positions required to undergo screening, list of disqualifying offenses, exemption requirements and process, downloadable checklist outlining the screening process, timelines, and contact information, tailored for qualified entities.
- Each involved agency must provide a clear and conspicuous link to the webpage on their own websites and include the link in job vacancy ads and posts.
- Website must be live by January 1, 2026, and be reviewed and updated annually by October 1.

B. Amendments:

None.



218596

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/02/2025	.	
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The Committee on Children, Families, and Elder Affairs (Polsky) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (4) is added to section 435.12,  
Florida Statutes, to read:

435.12 Care Provider Background Screening Clearinghouse.—  
(4) (a) As part of the Care Provider Background Screening  
Clearing House, the Agency for Health Care Administration, in  
consultation with all specified agencies, as defined in s.





218596

435.02(7), that are required by law to use the clearinghouse for employment screening, must develop and maintain a publicly available webpage which provides a central source for care provider background screening education and awareness. This webpage may be part of the current web-based clearinghouse system. The resources available on the webpage must be written in non-technical and accessible language, tailored to qualified entities, as defined in s. 943.0542(1)(b), and include, but need not be limited to:

1. Information and education related to employment screening requirements of qualified entities, to include:

- a. The Care Provider Background Screening Clearinghouse.
- b. Level 2 screening standards under ch. 435.
- c. Live-scan fingerprinting, or other third-party systems, including information on process, vendors, locations, and potential costs.

2. A searchable catalog, by specified agency, of qualified entity employment classes and positions required by law to undergo employment screening through the clearinghouse, to include:

- a. Disqualifying offenses.
- b. Exemption requirements and process.
- 3. A downloadable checklist detailing the process, timelines, and contact information for employment screening process support, tailored to qualified entities.

(b) Specified agencies must include a clear and conspicuous link to the webpage on their respective websites and promote the inclusion of the link in all job vacancy advertisements and posts by qualified entities.



218596

(c) The webpage must be active by January 1, 2026, and then reviewed and updated by October 1 of 2026 and each subsequent year to incorporate any changes to law, the clearinghouse, or the employment screening process.

===== T I T L E   A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled  
An act relating to public education of background  
screening requirements; amending s. 435.12, F.S.;  
requiring the Agency for Health Care Administration  
and the Department of Law Enforcement, in conjunction  
with specified agencies, to develop and maintain a  
care provider background screening education and  
awareness webpage; detailing the content of the  
webpage; requiring the posting of the webpage in  
specified places; requiring an annual review;  
providing an effective date.

By Senator Leek

7-01078-25

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A bill to be entitled  
An act relating to coordinated systems of care;  
creating s. 394.45731, F.S.; creating the Crisis Care  
Coordination Pilot Program in specified counties,  
contingent upon legislative appropriation; requiring  
the Department of Children and Families to administer  
the pilot program; requiring the pilot program to  
provide community-based care coordination and support  
for individuals after a mental health-related contact  
with law enforcement officers; providing the  
interventions that the program offers such  
individuals; requiring that such services be provided  
by nationally accredited community mental health  
centers in partnership with local law enforcement  
agencies for specified purposes; requiring the  
department to submit a report to the Governor and the  
Legislature by a specified date; providing  
requirements for the report; providing for repeal;  
providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 394.45731, Florida Statutes, is created  
to read:

394.45731 Crisis Care Coordination Pilot Program.—

(1) Subject to a specific appropriation by the Legislature,  
the department shall create the Crisis Care Coordination Pilot  
Program in Polk and Volusia Counties. The department shall  
administer the pilot program.

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30       (2) The program shall provide community-based care  
31 coordination and support for individuals after a mental health-  
32 related contact with a law enforcement agency, including  
33 involuntary examinations initiated by a law enforcement officer.

34       (3) Interventions provided by the program must include  
35 assessment, safety planning, assistance in accessing recommended  
36 services, supportive counseling, and other support needed  
37 following a mental health crisis event.

38       (4) Services must be provided by nationally accredited  
39 community mental health centers as defined in s. 394.907(1), in  
40 partnership with local law enforcement agencies, to reduce  
41 repeat involuntary examinations initiated by law enforcement  
42 officers, reduce the time burden on law enforcement agencies  
43 working with individuals after an involuntary examination,  
44 provide crisis intervention services, assist individuals in  
45 accessing mental health care services, and provide individuals  
46 another option for crisis intervention other than the use of law  
47 enforcement.

48       (5) By January 1, 2026, the department shall submit a  
49 report to the Governor, the President of the Senate, and the  
50 Speaker of the House of Representatives, evaluating whether the  
51 pilot program has demonstrated success. The report must contain  
52 recommendations with regard to whether the program should be  
53 expanded for use by other local governments.

54       (6) This section is repealed July 1, 2027.

55       Section 2. This act shall take effect July 1, 2025.

**APPEARANCE RECORD**

Meeting Date

Bill Number or Topic

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

4/1/25  
CHILDREN & FAMILIES

Committee

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State

33830

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**PLEASE CHECK ONE OF THE FOLLOWING:**☒I am appearing without  
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While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022JointRules.pdf)

**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 886

Bill Number or Topic

4/1/25

Meeting Date

CL: Idren + Families

Committee

Amendment Barcode (if applicable)

Name

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☐

Against

☐

Information

**OR**

Waive Speaking:

☐

In Support

☐

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**☐

I am appearing without  
compensation or sponsorship.

☒

I am a registered lobbyist,  
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Peace River Center

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**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: CS/SB 886

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Leek

SUBJECT: Crisis Care Coordination

DATE: April 2, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Kennedy	Tuszynski	CF	Fav/CS
2.			AHS	
3.			FP	

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 886 requires the Department of Children and Families (DCF) to implement Crisis Care Coordination Pilot Programs in Polk and Volusia Counties, subject to appropriation. These programs aim to reduce repeat involuntary examinations, offer alternatives to law enforcement when responding to mental health crises, and improve engagement with behavioral health services.

The pilot programs will place crisis counselors within local law enforcement agencies through partnerships with accredited community mental health centers. They will assist individuals before and after crises through assessment, de-escalation, safety planning, and care coordination.

The programs must partner with hospitals, behavioral health providers, and community organizations. The DCF must contract for an independent evaluation, with a final report due by January 15, 2029.

The bill provides for the expiration of the section on June 30, 2029

The bill will likely have an indeterminate negative fiscal impact. *See* Section V. Fiscal Impact Statement.

This bill takes effect July 1, 2025.

## II. Present Situation:

### Mental Health and Mental Illness

Mental health is a state of well-being in which the individual realizes his or her own abilities can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.<sup>1</sup> The primary indicators used to evaluate an individual's mental health are:<sup>2</sup>

- Emotional well-being: perceived life satisfaction, happiness, cheerfulness, peacefulness;
- Psychological well-being: self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships; and
- Social well-being: social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.<sup>3</sup> Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being. Mental illness affects millions of people in the United States each year. More than one in five adults lives with a mental illness.<sup>4</sup> Young adults aged 18-25 had the highest prevalence of any mental illness<sup>5</sup> (36.2%) compared to adults aged 26-49 (29.4%) and aged 50 and older (16.8%).<sup>6</sup>

### Mental Health Safety Net Services

DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g., crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.

### Behavioral Health Managing Entities

In 2001, the Legislature authorized the DCF to implement behavioral health MEs as the management structure for the delivery of local mental health and substance abuse services.<sup>7</sup> The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature

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<sup>1</sup> World Health Organization, *Mental Health: Strengthening Our Response*, available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (last visited last visited 3/7/25).

<sup>2</sup> Centers for Disease Control and Prevention, *Mental Health Basics*, available at: <http://medbox.iab.me/modules/en-cdc/www.cdc.gov/mentalhealth/basics.htm> (last visited last visited 3/7/25).

<sup>3</sup> *Id.*

<sup>4</sup> National Institute of Mental Health (NIH), *Mental Illness*, available at: <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited last visited 3/7/25).

<sup>5</sup> Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness).

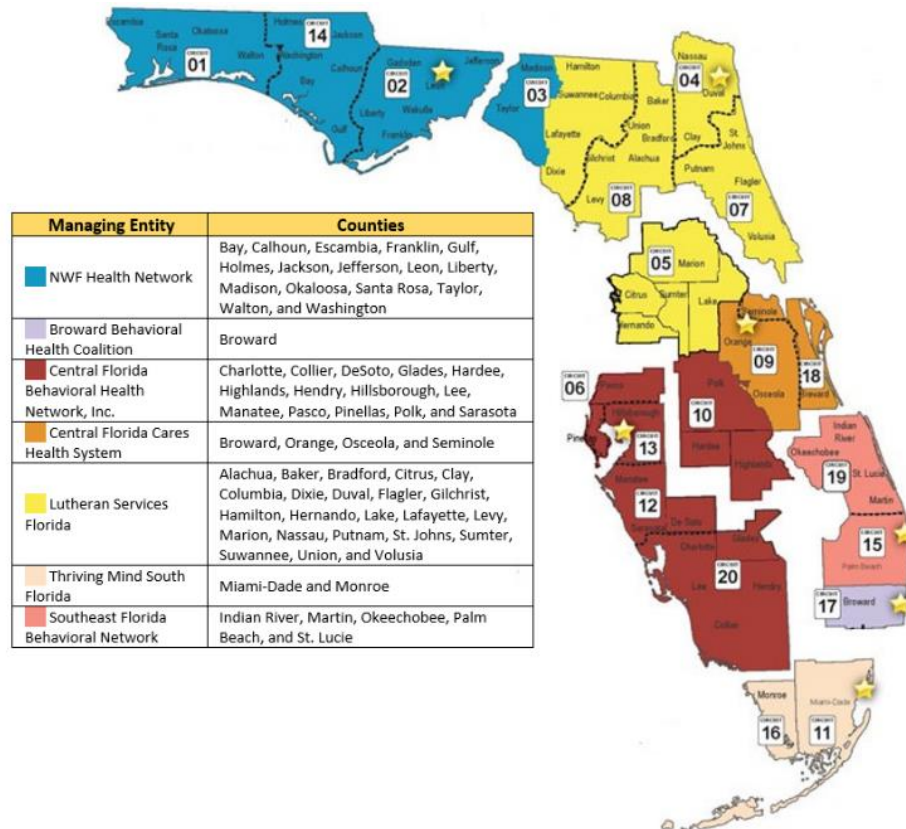
<sup>6</sup> National Institute of Mental Health (NIH), *Mental Illness*, available at: <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited March 14, 2025).

<sup>7</sup> Ch. 2001-191, Laws of Fla.



authorized the DCF to implement MEs statewide.<sup>8</sup> MEs were fully implemented statewide in 2013, serving all geographic regions.

The DCF currently contracts with seven MEs for behavioral health services throughout the state. These entities do not provide direct services; rather, they allow the department's funding to be tailored to the specific behavioral health needs in the various regions of the state. The regions are divided as follows:<sup>9</sup>



In the comprehensive, multiyear review of the revenues, expenditures, and financial positions of the MEs,<sup>10</sup> these contracts totaled \$1.083 billion for FY 2022-23, with \$919 million spent on direct services.<sup>11</sup> MEs subcontract with community providers to serve clients directly; this allows services to be tailored to the specific behavioral health needs in the various regions of the state.<sup>12</sup>

<sup>8</sup> Ch. 2008-243, Laws of Fla.

<sup>9</sup> DCF, *Managing Entities*, available at: <https://www.myflfamilies.com/services/samh/providers/managing-entities> (last visited March 14, 2025).

<sup>10</sup> DCF, *A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Positions of the Managing Entities Including a System of Care Analysis*, p. 5, available at <https://myflfamilies.com/document/57451>, (last visited March 21, 2025); Section 394.9082(4)(I), F.S.

<sup>11</sup> *Id.* at 11.

<sup>12</sup> Department of Children and Families, *Managing Entities*, available at <https://www.myflfamilies.com/services/samh/providers/managing-entities>, (last visited March 16, 2025).

In FY 2022-23, in the aggregate, DCF reported serving 243,403 unduplicated behavioral health clients.<sup>13</sup>

### ***Coordinated System of Care***

MEs are required to promote the development and implementation of a coordinated system of care.<sup>14</sup> A coordinated system of care means a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with an ME or by another method of community partnership or mutual agreement.<sup>15</sup> A community or region provides a coordinated system of care for those with a mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. If funding is provided by the Legislature, the DCF may award system improvements grants to MEs.<sup>16</sup> MEs must submit detailed plans to enhance crisis services based on the no-wrong-door model or to meet specific needs identified in the DCF's assessment of behavioral health services in this state.<sup>17</sup> The DCF must use performance-based contracts to award grants.<sup>18</sup>

There are several essential elements which make up a coordinated system of care, including:<sup>19</sup>

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication assisted treatment and medication management; and
- Recovery support.

A coordinated system of care must include, but is not limited to, the following array of services:<sup>20</sup>

- Prevention services;
- Home-based services;
- School-based services;
- Family therapy;
- Family support;
- Respite services;
- Outpatient treatment;
- Crisis stabilization;
- Therapeutic foster care;
- Residential treatment;

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<sup>13</sup> *Supra*, Note 10, p. 14.

<sup>14</sup> Section 394.9082(5)(d), F.S.

<sup>15</sup> Section 394.4573(1)(c), F.S.

<sup>16</sup> Section 394.4573(3), F.S.

<sup>17</sup> *Id.*

<sup>18</sup> *Id.*

<sup>19</sup> Section 394.4573(2), F.S.

<sup>20</sup> Section 394.495(4), F.S.

- Inpatient hospitalization;
- Case management;
- Services for victims of sex offenses;
- Transitional services; and
- Trauma-informed services for children who have suffered sexual exploitation.

The DCF must define the priority populations which would benefit from receiving care coordination.<sup>21</sup> In defining priority populations, the DCF must consider the number and duration of involuntary admissions, the degree of involvement with the criminal justice system, the risk to public safety posed by the individual, the utilization of a treatment facility by the individual, the degree of utilization of behavioral health services, and whether the individual is a parent or caregiver who is involved with the child welfare system.

MEs are required to conduct a community behavioral health care needs assessment once every three years in the geographic area served by the managing entity, which identifies needs by sub-region.<sup>22</sup> The assessments must be submitted to DCF for inclusion in the state and district substance abuse and mental health plan.<sup>23</sup> In addition to the needs assessment, the ME is generally required to also:

- Determine the optimal array of services to meet the community's needs.
- Promote a coordinated system of care.
- Assist counties in development of designated receiving systems and transportation plans.
- Develop strategies to divert persons with mental illness or substance abuse from criminal and juvenile justice systems and integrate behavioral health services with the child welfare system.
- Develop a network of qualified providers to deliver services.
- Monitor network provider performance and compliance with contract requirements.<sup>24</sup>

### ***Mobile Response Teams***

As of March 21, 2025, the DCF supports 55 Mobile Response Teams (MRTs) positioned throughout the state to deliver 24/7, on-site behavioral health crisis services.<sup>2526</sup> These teams are deployed in emergency situations and are funded through contracts between MEs and local behavioral health providers.<sup>27</sup> Each MRT is staffed with a multidisciplinary team, including licensed mental health professionals, psychiatric nurse practitioners, on-call psychiatrists, certified peer recovery specialists, and support personnel<sup>28</sup>. The core function of MRTs is to provide short-term crisis intervention, which includes conducting assessments, de-escalating and

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<sup>21</sup> Section 394.9082(3)(c), F.S.

<sup>22</sup> Section 394.9082(5)(b), F.S.

<sup>23</sup> Section 394.75(3), F.S.

<sup>24</sup> Section 394.9082(5), F.S.

<sup>25</sup> Section 394.495, F.S.

<sup>26</sup> Florida Department of Children and Families, *Mobile Response Teams*, available at <https://www.myflfamilies.com/services/samh/mobile-response-teams> (last visited March 26, 2025).

<sup>27</sup> Section 394.495(7)(c), F.S.

<sup>28</sup> Florida Department of Children and Families, *Mobile Response Teams*, available at <https://www.myflfamilies.com/services/samh/mobile-response-teams> (last visited March 26, 2025).

stabilizing individuals in crisis, offering counseling and safety planning, delivering psychoeducation, and ensuring a smooth transition to long-term care services.<sup>29</sup>

Current law requires MRTs to serve, at a minimum, children, adolescents, and young adults ages 18 to 25 who manifest any of the following acute mental health crisis symptoms:<sup>30</sup>

- Have an emotional disturbance;
- Are experiencing an actual mental or emotional crisis;
- Are experiencing escalating emotional or behavioral reactions and symptoms that impact their ability to function typically within the family, living situation, or community environment; or
- Are served by the child welfare system and are experiencing or are at high risk of placement instability.

Current law sets the minimum standards for MRTs and they must:<sup>31</sup>

- Triage and prioritize requests, then, to the extent permitted by available resources, respond in person within 60 minutes of prioritization;
- Respond to a crisis in the location where the crisis is occurring;
- Provide behavioral health crisis-oriented services that are responsive to the needs of the child, adolescent, or young adult and his or her family and enable them to deescalate and respond to behavioral health challenges through evidence-based practices;
- Provide screening, standardized assessments, early identification, and referrals to community services;
- Provide care coordination by facilitating the transition to ongoing services;
- Ensure a process for informed consent and confidentiality compliance measures is in place;
- Promote information sharing and the use of innovative technology; and
- Coordinate with the managing entity and other key entities providing services and supports to the child, adolescent, or young adult and their family.

### **The Baker Act**

The Florida Mental Health Act, commonly referred to as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.<sup>32</sup> The Act includes legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It, additionally, protects the rights of all individuals examined or treated for mental illness in Florida.<sup>33</sup>

DCF is responsible for the operation and administration of the Baker Act, including publishing an annual Baker Act report. According to the Fiscal Year (FY) 2021-2022 Baker Act Annual Report, over 170,000 individuals were involuntarily examined under the Baker Act; of those, just over 11,600 individuals were 65 years of age or older. This age group is the most likely to include individuals with Alzheimer's disease or related dementia. It is important to note the

<sup>29</sup> *Id.*

<sup>30</sup> Section 394.495(7)(a), F.S., Section 394.495(5)(q), F.S., Section 394.495(1), F.S.

<sup>31</sup> Section 394.495(7)(b), F.S.

<sup>32</sup> The Baker Act is contained in Part I of Ch. 394, F.S.

<sup>33</sup> Section 394.459, F.S.

number of Baker Acts per year decreased during FY 2018-2019, FY 2019-2020, FY 2020-2021, across all age groups.<sup>34</sup>

### ***Receiving Facilities and Involuntary Examination***

Individuals in an acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.<sup>35</sup> Individuals receiving services on an involuntary basis must be taken to a facility that has been designated by DCF as a receiving facility.

Receiving facilities, often referred to as Baker Act receiving facilities, are public or private facilities designated by DCF to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider.<sup>36</sup> A public receiving facility is a facility that has contracted with an ME to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.<sup>37</sup> Funds appropriated for Baker Act services may only be used to pay for services diagnostically and financially eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.<sup>38</sup> Currently, there are 120 DCF designated receiving facilities.<sup>39</sup>

### ***Involuntary Examination***

An involuntary examination is required if there is reason to believe that the person has a mental illness and, because of his or her mental illness, has refused voluntary examination, is likely to refuse to care for him or herself to the extent that such refusal threatens to cause substantial harm to that person's well-being, and such harm is unavoidable through the help of willing family members or friends, or will cause serious bodily harm to him or herself or others in the near future based on recent behavior.<sup>40</sup>

An involuntary examination may be initiated by:

- A court entering an ex parte order stating that a person appears to meet the criteria for involuntary examination, based on sworn testimony;<sup>41</sup> or
- A physician, clinical psychologist, psychiatric nurse, an autonomous advanced practice registered nurse, mental health counselor, marriage and family therapist, or clinical social worker executing a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination, including a statement of the professional's observations supporting such conclusion.<sup>42</sup>

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<sup>34</sup> DCF, *Agency Bill Analysis* (2023), on file with the Senate Children, Families, and Elder Affairs Committee.

<sup>35</sup> Sections 394.4625 and 394.463, F.S.

<sup>36</sup> Section 394.455(40), F.S. This term does not include a county jail.

<sup>37</sup> Section 394.455(38), F.S.

<sup>38</sup> R. 65E-5.400(2), F.A.C.

<sup>39</sup> DCF, *SB 1620 Agency Bill Analysis* (2025), on file with the Senate Children Families, and Elder Affairs Committee.

<sup>40</sup> Section 394.463(1), F.S.

<sup>41</sup> Section 394.463(2)(a)1., F.S. The order of the court must be made a part of the patient's clinical record.

<sup>42</sup> Section 394.463(2)(a)3., F.S. The report and certificate must be made a part of the patient's clinical record.

Unlike the discretion afforded courts and medical professionals, current law mandates that law enforcement officers must initiate an involuntary examination of a person who appears to meet the criteria by taking him or her into custody and delivering or having the person delivered to a receiving facility for examination.<sup>43</sup> When transporting, officers are currently required to restrain the person in the least restrictive manner available and appropriate under the circumstances.<sup>44</sup> The officer must execute a written report detailing the circumstances under which the person was taken into custody, and the report must be made part of the patient's clinical record. The report must also include all emergency contact information for the person that is readily accessible to the law enforcement officer, including information available through electronic databases maintained by the Florida Department of Law Enforcement (FDLE) or by the Department of Highway Safety and Motor Vehicles.

Involuntary patients must be taken to either a public or private facility that has been designated by DCF as a Baker Act receiving facility. Under the Baker Act, a receiving facility has up to 72 hours to examine an involuntary patient.<sup>45</sup> During those 72 hours, an involuntary patient must be examined by a physician, clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility to determine if the criteria for involuntary services are met.<sup>46</sup> Current law does not indicate when the examination period begins for an involuntary patient. However, if the patient is a minor, a receiving facility must initiate the examination within 12 hours of arrival.<sup>47</sup>

Within that 72-hour examination period, one of the following must happen:<sup>48</sup>

- The patient must be released, unless he or she is charged with a crime, in which case, law enforcement will assume custody;
- The patient must be released for voluntary outpatient treatment;
- The patient, unless charged with a crime, must give express and informed consent to be placed and admitted as a voluntary patient; or
- A petition for involuntary placement must be filed in circuit court for involuntary outpatient or inpatient treatment.

If the patient's 72-hour examination period ends on a weekend or holiday, and the receiving facility:<sup>49</sup>

- Intends to file a petition for involuntary services, the patient may be held at a receiving facility through the next working day and the petition for involuntary services must be filed no later than such date. If the receiving facility fails to file a petition at the close of the next working day, the patient must be released from the receiving facility upon documented approval from a psychiatrist or clinical psychologist.
- Does not intend to file a petition for involuntary services, the receiving facility may postpone release of a patient until the next working day if a qualified professional documents that

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<sup>43</sup> Section 394.463(2)(a)2., F.S.

<sup>44</sup> *Id.*

<sup>45</sup> Section 394.463(2)(g), F.S.

<sup>46</sup> Section 394.463(2)(f), F.S.

<sup>47</sup> Section 394.463(2)(g), F.S.

<sup>48</sup> *Id.*

<sup>49</sup> Section 394.463(2)(g)4., F.S.

adequate discharge planning and procedures and approval from a psychiatrist or clinical psychologist are not possible until the next working day.

The receiving facility may not release an involuntary examination patient without the documented approval of a psychiatrist or a clinical psychologist. However, if the receiving facility is owned or operated by a hospital or health system, or a nationally accredited community mental health center, a psychiatric nurse performing under the framework of an established protocol with a psychiatrist is permitted to release a Baker Act patient in specified community settings. However, a psychiatric nurse is prohibited from approving a patient's release if the involuntary examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist.<sup>50</sup>

### ***Law Enforcement***

Individuals in mental health crisis are more likely to encounter law enforcement than to receive a coordinated crisis care response.<sup>51</sup> The Florida Criminal Justice Executive Institute (FCJEI), the research and educational arm of the FDLE,<sup>52</sup> published a commanding officer's independent research project to document law enforcement's response to community mental health crisis events. The literature review component emphasized the dangers associated with mental health crisis, the strain on police resources, criticism of police response, liability issues, and training challenges. The poll-based survey of 68 police departments across the state measured the amount of Baker Acts completed during the 2021 calendar year. Of the 33 police departments that responded,<sup>53</sup> 23 departments completed more than 90 Baker Act crisis calls during 2021. In addition, all 33 responding departments indicated they repeatedly respond to certain individuals experiencing recurring mental health crises.<sup>54</sup>

The FCJEI survey also revealed that any partnership between law enforcement and mental health professionals in Florida is a discretionary decision made at the police department level. At the time of the report's publication:<sup>55</sup>

- Seven police departments were considering partnerships.
- Six police departments were not considering partnerships.
- Ten police departments entered partnerships.
- Three police departments offered nuanced answers.

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<sup>50</sup> Section 394.463(2)(f), F.S.

<sup>51</sup> National Council of State Legislatures, *Crisis Intervention and Community-Based Services*, available at <https://www.ncsl.org/civil-and-criminal-justice/crisis-intervention-and-community-based-services> (last visited March 27, 2025).

<sup>52</sup> Florida Department of Law Enforcement, Florida Criminal Justice Executive Institute, *FCJEI History*, available at <https://www.fdle.state.fl.us/FCJEI/History/FCJEI-History-Home.aspx> (last visited March 27, 2025).

<sup>53</sup> Florida Department of Law Enforcement, Florida Criminal Justice Executive Institute, SLP Research Papers Author Index, *Officer's Response to Community Mental Health Crisis* (Ramirez, Marcos), available at <https://www.fdle.state.fl.us/FCJEI/Programs/SLP/Documents/Full-Text/Ramirez,-Marcos-paper.aspx> (last visited March 27, 2025).

<sup>54</sup> *Id.*

<sup>55</sup> Policy Research Inc. and The National League of Cities, *Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers*, available at <https://www.nlc.org/wp-content/uploads/2020/10/RespondingtoBHCrisisviaCRMModels.pdf> (last visited March 27, 2025).

### *Co-Responder Models*

The co-responder model is a collaborative approach that pairs law enforcement officers with mental health or substance use professionals to address behavioral health crises in real-time.<sup>56</sup> The co-responder model offers a number of key advantages that are reshaping how communities respond to behavioral health crises. One of the most significant benefits is its role in de-escalation and diversion.<sup>57</sup> By embedding mental health professionals alongside law enforcement, these teams are better equipped to calm potentially volatile situations and steer individuals away from arrest or hospitalization. Instead of being taken to jail or an emergency department, individuals in crisis can be connected directly to appropriate mental health or substance use services.<sup>58</sup> Communities implementing these programs also report improved outcomes. Jurisdictions frequently see reductions in repeat 911 calls involving the same individuals, lower arrest rates for people with mental health issues, and increased linkage to care.<sup>59</sup>

Another strength of the co-responder model is its flexibility and adaptability to local contexts. In some cities, clinicians are embedded directly within police departments, promoting real-time collaboration between officers and behavioral health professionals. In other areas, law enforcement agencies partner with community-based mental health organizations to provide the same support through external coordination.<sup>60</sup> Additionally, many co-responder programs are connected to mobile crisis units and include follow-up case management, creating a continuum of care that supports individuals beyond the immediate crisis<sup>61</sup>

The U.S. Department of Justice's Bureau of Justice Assistance offers the Connect and Protect: Law Enforcement Behavioral Health Response Program, providing grants to support collaborative efforts between law enforcement and behavioral health agencies.<sup>62</sup> Similarly, the Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized the importance of these collaborations and aims to enhance the capacity of mobile crisis response teams and improve crisis stabilization in communities.<sup>63</sup> These developments underscore a

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<sup>56</sup> National Criminal Justice Association, *Nearly Half of Police Agencies Have Co-Responder Programs*, available at <https://www.ncja.org/crimeandjusticenews/nearly-half-of-police-agencies-have-co-responder-programs> (last visited March 27, 2025).

<sup>57</sup> The International Association of Chiefs of police (IACP), *Assessing the Impact of Co-Responder Team Programs: A Review of Research, Academic Training to Inform Police Responses, Best Practice Guide*, available at <https://www.theiacp.org/sites/default/files/IDD/Review%20of%20Co-Responder%20Team%20Evaluations.pdf> (last visited March 27, 2025).

<sup>58</sup> *Id.*

<sup>59</sup> Stanford Graduate School of Education, *Stanford study shows significant benefits when mental health clinicians and police officers respond to 911 calls*, available at [https://gardnercenter.stanford.edu/news/stanford-study-shows-significant-benefits-when-mental-health-clinicians-and-police-officers?utm\\_source=chatgpt.com](https://gardnercenter.stanford.edu/news/stanford-study-shows-significant-benefits-when-mental-health-clinicians-and-police-officers?utm_source=chatgpt.com) (last visited March 27, 2025).

<sup>60</sup> The International Association of Chiefs of police (IACP), *Assessing the Impact of Co-Responder Team Programs: A Review of Research, Academic Training to Inform Police Responses, Best Practice Guide*, available at <https://www.theiacp.org/sites/default/files/IDD/Review%20of%20Co-Responder%20Team%20Evaluations.pdf> (last visited March 27, 2025).

<sup>61</sup> *Id.*

<sup>62</sup> United States Department of Justice, Bureau of Justice Assistance, *FY 2024 Connect and Protect: Law Enforcement Behavioral Health Response Program*, available at <https://bja.ojp.gov/funding/fy24-sol-overview-connect.pdf> (last viewed March 27, 2025).

<sup>63</sup> Department of Health and Human Services, *Substance Abuse and mental Health Services Administration, FY 2022 Cooperative Agreement s for Innovative Community Crisis response Partnerships*, available at



growing recognition of the co-responder model as a vital component of a more humane and effective public safety system.

### ***Crisis Care Coordination Pilot***

A crisis care coordination program is a targeted intervention that supports individuals shortly after a behavioral health crisis, such as a psychiatric hospitalization, suicidal episode or behavioral health crises involving law enforcement interaction.<sup>64</sup> Within a short window, often 7 to 10 days following the crisis, trained professionals provide follow-up contact to assess the individual's current needs, reinforce treatment plans, and connect them with local mental health services, housing support, or other resources.<sup>65</sup> The primary goals are to reduce the likelihood of repeat crises, improve treatment engagement, and support long-term recovery.<sup>66</sup>

Over the past three years this model has been operational within Polk County Florida; funded through approved GAA funds, the model seeks to improve mental health and reduce the recidivism of individuals who were under a Baker Act initiated by law enforcement.<sup>67</sup>

The provision of follow up services within 10 days of discharge by this Community Mobile Support Team (CMST) has shown decreased suicidality and improved overall mental health, as demonstrated by the Columbia Suicide Risk Assessment and PHQ-9/PSC-17 assessments.<sup>68</sup> The Polk County CMST reported that in 2023, the team provided more than 7,000 follow up services to 2,620 people resulting in a 16% reduction in Baker Acts initiated by law enforcement.

### **III. Effect of Proposed Changes:**

**Section 1** creates s. 394.6581, F.S., to establish Crisis Care Coordination Pilot Programs in Polk and Volusia Counties, subject to appropriation. The pilot programs will be administered by the Department of Children and Families (DCF) and are designed to reduce repeat involuntary examinations initiated by law enforcement, provide alternatives to law enforcement during acute mental health crises, and connect individuals with behavioral health services.

The pilot programs must facilitate partnerships between law enforcement and organizations in the existing coordinated systems of care by placing crisis counselors, employed by nationally accredited community mental health centers, in law enforcement agencies to support and assist during and after acute mental health crisis events. Duties of the crisis counselors shall include

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<https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-community-crisis-response-partnerships.pdf> (last visited March 27, 2025).

<sup>64</sup> Substance Abuse and Mental Health Services Administration, *National Behavioral Health Crisis Care Guidelines*, available at <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care> (last viewed March 27, 2025).

<sup>65</sup> Centers for Medicare and Medicaid Services, *Improving Behavioral Health Follow-up Care Affinity Group Fact Sheet*, available at [https://www.medicare.gov/medicaid/quality-of-care/downloads/improvement-initiatives/behavioral-health-ag-factsheet.pdf?utm\\_source=chatgpt.com](https://www.medicare.gov/medicaid/quality-of-care/downloads/improvement-initiatives/behavioral-health-ag-factsheet.pdf?utm_source=chatgpt.com) (last viewed March 27, 2025).

<sup>66</sup> Substance Abuse and Mental Health Services Administration, *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care*, available at [https://988crisisystemshelp.samhsa.gov/sites/default/files/2024-12/National%20Guidelines%20for%20a%20Behavioral%20Health%20Coordinated%20System%20of%20Crisis%20Care-12-2-2024\\_508.pdf?utm\\_source=chatgpt.com](https://988crisisystemshelp.samhsa.gov/sites/default/files/2024-12/National%20Guidelines%20for%20a%20Behavioral%20Health%20Coordinated%20System%20of%20Crisis%20Care-12-2-2024_508.pdf?utm_source=chatgpt.com) (last visited March 27, 2025).

<sup>67</sup> The Florida Senate Local Funding Initiative Request, Fiscal Year 2025-2026, *LFIR #1007*, Senator Burton, available at: [https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2025-26/LocalFundingInitiativeRequests/FY2025-26\\_S1007.pdf](https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2025-26/LocalFundingInitiativeRequests/FY2025-26_S1007.pdf) (last visited March 26, 2025).

<sup>68</sup> *Id.*

intervention with a person experiencing an acute mental health crisis. The crisis counselors must observe, conduct assessments, de-escalate, and provide referrals, as appropriate. Crisis counselors must also provide follow-up care. This care is voluntary and may include assessments, safety planning, counseling, assistance with adherence to discharge plans, and care coordination.

The pilot programs must establish formal partnerships with local hospitals, behavioral health providers, and community organizations to ensure access to needed services through written referral and information-sharing agreements. These partnership agreements must facilitate timely access to community-based behavioral health services and other local systems and entities as provided in the person's discharge plan.

The bill requires the DCF to contract for an independent evaluation of the pilot programs, with a report due to the Governor and Legislature by January 15, 2029. The report must include the findings of the independent evaluation and assess program effectiveness and return on investment, to include:

- The amount of time law enforcement is engaged in responses to acute mental health crisis;
- Number of repeat involuntary examinations initiated by law enforcement;
- engagement in post-crisis behavioral health services;
- Effectiveness of the pilot program services; and
- Recommendations regarding enhancements to, and continuation and expansion of, the pilot programs.

The bill grants rule-making authority to the DCF to implement the bill language.

The pilot programs will expire June 30, 2029, unless reenacted.

**Section 2** of the bill provides an effective date of July 1, 2025.

#### **IV. Constitutional Issues:**

**A. Municipality/County Mandates Restrictions:**

None.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None identified.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

The bill will have an indeterminate, significant negative fiscal impact.

Below are the approved Florida GAA funds for Peace River CMST, an analogous program to the proposed pilot, since 2022.

Peace River CMST is seeking \$850,000 for FY 2025-2026 ([SF 1007](#)).<sup>69</sup>

<b>Florida GAA Funding for Peace River CMST since 2022.</b>		
<b>Year</b>	<b>Source</b>	<b>Amount</b>
FY 2024-25	Specific Appropriation 377 <sup>70</sup> ( <a href="#">SF 3136</a> <sup>71</sup> )	\$425,000
FY 2023-24	Specific Appropriation 378 <sup>72</sup> ( <a href="#">SF 2077</a> <sup>73</sup> )	\$425,000
FY 2022-23	Specific Appropriation 372 <sup>74</sup> ( <a href="#">SF 2377</a> <sup>75</sup> )	\$850,000

**VI. Technical Deficiencies:**

None.

<sup>69</sup> The Florida Senate Local Funding Initiative Request, Fiscal Year 2025-2026, *LFIR #1007*, Senator Burton, available at: [https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2025-26/LocalFundingInitiativeRequests/FY2025-26\\_S1007.pdf](https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2025-26/LocalFundingInitiativeRequests/FY2025-26_S1007.pdf) (last visited March 26, 2025).

<sup>70</sup> Chapter 2024-231, L.O.F.; Specific Appropriation 377

<sup>71</sup> The Florida Senate Local Funding Initiative Request, Fiscal Year 2024-2025, *LFIR #3136*, Senator Albritton, available at: [https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2024-25/LocalFundingInitiativeRequests/FY2024-25\\_S3136.pdf](https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2024-25/LocalFundingInitiativeRequests/FY2024-25_S3136.pdf) (last visited March 26, 2025).

<sup>72</sup> Chapter 2023-239, L.O.F.; Specific Appropriation 378

<sup>73</sup> The Florida Senate Local Funding Initiative Request, Fiscal Year 2023-2024, *LFIR #2077*, Senator Albritton, available at: [https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2023-24/LocalFundingInitiativeRequests/FY2023-24\\_S2077.PDF](https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2023-24/LocalFundingInitiativeRequests/FY2023-24_S2077.PDF) (last visited March 26, 2025).

<sup>74</sup> Chapter 2022-156, L.O.F.; Specific Appropriation 372

<sup>75</sup> The Florida Senate Local Funding Initiative Request, Fiscal Year 2022-2023, *LFIR #2377*, Senator Albritton, available at: [https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2022-23/LocalFundingInitiativeRequests/FY2022-23\\_S2377.PDF](https://www.flsenate.gov/PublishedContent/Session/FiscalYear/FY2022-23/LocalFundingInitiativeRequests/FY2022-23_S2377.PDF) (last visited March 26, 2025).

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates Section 394.6581 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Children, Families, and Elder Affairs Committee on April 1, 2025:**

The CS directs the Department of Children and Families (DCF) to establish Crisis Care Coordination Pilot Programs in Polk and Volusia Counties, subject to specific appropriation.

- Goals of the pilot programs:
  - Reduce repeat involuntary mental health examinations initiated by law enforcement;
  - Provide alternatives to law enforcement for individuals in mental health crisis;
  - Reduce follow-up law enforcement interactions post-crisis; and
  - Connect individuals to behavioral health care.
- Crisis counselors will be placed in law enforcement agencies, assist during and after mental health crises, and provide assessments, safety planning, referrals, and follow-up care.
- Formal partnerships required with mental health and substance abuse providers, hospitals, nonprofits and other support organizations, and must include referral agreements and info-sharing procedures.
- Independent evaluation required; report due Jan 15, 2029, and will expire June 30, 2029; effective July 1, 2025.

**B. Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/02/2025	.	
	.	
	.	
	.	

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The Committee on Children, Families, and Elder Affairs (Leek)  
recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Section 394.6581, Florida Statutes, is created  
to read:

394.6581 Crisis Care Coordination Pilot Programs.—

(1) Subject to a specific appropriation, the department  
shall establish and implement Crisis Care Coordination Pilot  
Programs in Polk and Volusia Counties. The purpose of the pilot



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programs is to reduce repeat involuntary examinations initiated by law enforcement, provide persons who are experiencing an acute mental health crisis an option for crisis intervention other than the use of law enforcement, reduce their level of follow-up interaction with law enforcement officers post crisis, and assist them with engagement in behavioral health care.

(a) The pilot programs shall facilitate partnerships between law enforcement agencies in Polk and Volusia Counties and organizations in the coordinated system of care under s. 394.4573 that are operating in those counties by placing crisis counselors within law enforcement agencies to intervene with and provide follow-up care for persons who are experiencing or have experienced an acute mental health crisis and their families and support networks.

(b) The pilot programs shall be implemented by nationally accredited community mental health centers in partnership with local law enforcement.

(2) Crisis counselors placed in law enforcement agencies shall provide support and assistance to persons who are experiencing or have experienced an acute mental health crisis, connecting them to the coordinated system of care. Duties of crisis counselors shall include:

(a) Intervening when law enforcement is contacted relating to a person experiencing an acute mental health crisis to make observations and provide information to responding officers, conduct assessments, de-escalate the crisis situation, or provide referrals, as appropriate.

(b) Follow up with such persons following an acute mental health crisis involving law enforcement, such as an involuntary



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40 examination as defined in s. 394.455 initiated by law  
41 enforcement. A person's involvement with follow-up care is  
42 voluntary. Such follow-up care by crisis counselors may include,  
43 but is not limited to:

- 44 1. Conducting assessments.
- 45 2. Providing individualized safety planning tailored to the  
46 person's needs and risks.
- 47 3. Providing supportive counseling.
- 48 4. Assisting persons in accessing recommended mental health  
49 services and substance abuse services.
- 50 5. Assisting persons in adhering to discharge plans.
- 51 6. Providing care coordination as defined in s. 394.4573,  
52 unless a person is already receiving that service from another  
53 organization.

54 (3) The pilot programs shall establish formal partnerships  
55 through written referral agreements and information exchange  
56 procedures with, at a minimum, providers of mental health  
57 services and substance abuse services, local hospitals licensed  
58 under chapter 395, and not-for-profit agencies and other  
59 organizations which can be of assistance to persons who are  
60 experiencing or have experienced an acute mental health crisis  
61 and their families and support networks. Such agreements must,  
62 at a minimum, facilitate timely access to community-based  
63 behavioral health services and other local systems and entities  
64 as provided in the person's discharge plan.

65 (4) The department shall contract for an independent  
66 evaluation of the pilot programs regarding, at a minimum, their  
67 effectiveness and return on investment. By January 15, 2029, the  
68 department shall submit a report of the findings of the



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evaluation of the pilot programs to the Governor, the President  
of the Senate, and the Speaker of the House of Representatives,  
which must include, at a minimum:

(a) The amount of time that law enforcement officers were  
engaged in responses to persons who were experiencing or had  
experienced an acute mental health crisis.

(b) Repeat involuntary examinations initiated by law  
enforcement.

(c) Engagement in post-crisis mental health and substance  
abuse services among persons served by the programs.

(d) The effectiveness of the pilot program services.

(e) Recommendations regarding enhancements to, and  
continuation and expansion of, the pilot programs.

(5) The department may adopt rules to implement this  
section.

(6) This section expires June 30, 2029.

Section 2. This act shall take effect July 1, 2025.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled

An act relating to crisis care coordination; creating  
s. 394.6581, F.S.; requiring the Department of  
Children and Families to implement, subject to  
appropriation, Crisis Care Coordination Pilot Programs  
in specified counties for certain purposes; providing  
requirements for the pilot programs; requiring the





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98 department to contract for an independent evaluation  
99 of the pilot programs and submit a report to the  
100 Governor and the Legislature by a specified date;  
101 providing rulemaking authority; providing for  
102 expiration of the pilot programs; providing an  
103 effective date.

By Senator Bernard

24-01299-25

2025976\_\_

A bill to be entitled  
An act relating to court-appointed social  
investigators; amending s. 61.20, F.S.; requiring a  
court-appointed social investigator to submit a  
written report to the judge; providing requirements  
for reports; amending s. 61.122, F.S.; requiring that  
a specified investigation be undertaken before a  
specified claim may be made against a court-appointed  
psychologist preparing a parenting plan; requiring  
that a certificate be filed with the claim; providing  
for sanctions if such certificate was not made in good  
faith; providing for an automatic stay of limitations  
period for such investigation; providing for access to  
records for the investigation; providing for immunity  
from liability for compliance with certain disclosure  
in conjunction with the investigation; creating s.  
61.123, F.S.; requiring the Department of Children and  
Families to develop and publish criteria for use by  
court-appointed social investigators; providing an  
effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (4) is added to section 61.20,  
Florida Statutes, to read:

61.20 Social investigation and recommendations regarding a  
parenting plan.—

(4) A court-appointed social investigator must submit a  
written report to the judge, which must be accessible to all

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parties to a legal action and must outline the social investigator's recommendations, the reasoning for the recommendations, the factors considered in the recommendations, and an analysis of each factor considered in making the recommendations in a custody dispute, a dissolution of marriage, a case of domestic violence, or a paternity matter involving the relationship of a child and a parent, including time-sharing of children.

Section 2. Present subsection (4) of section 61.122, Florida Statutes, is redesignated as subsection (5) and amended, a new subsection (4) is added to that section, and subsection (3) of that section is amended, to read:

61.122 Parenting plan recommendation; presumption of psychologist's good faith; prerequisite to parent's filing suit; award of fees, costs, reimbursement.—

(3) A parent who desires to file a legal action against a court-appointed psychologist who has acted in good faith in developing a parenting plan recommendation must petition the judge who presided over the dissolution of marriage, case of domestic violence, or paternity matter involving the relationship of a child and a parent, including time-sharing of children, to appoint another psychologist. Upon the parent's showing of good cause, the court shall appoint another psychologist. The court shall determine who is responsible for all court costs and attorney ~~attorney's~~ fees associated with making such an appointment.

(4) (a) An action may not be filed, whether it is a civil action, a criminal action, or an administrative proceeding, against a court-appointed psychologist in a dissolution of

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59 marriage, case of domestic violence, or paternity matter  
60 involving the relationship of a child and a parent, unless the  
61 attorney or other person filing the action has made a reasonable  
62 investigation as permitted by the circumstances to determine  
63 that there are grounds for a good faith belief that there has  
64 been negligence or a lack of good faith by the court-appointed  
65 psychologist. The complaint or initial pleading must contain a  
66 certificate stating that such reasonable investigation gave rise  
67 to a good faith belief that grounds exist for an action against  
68 the court-appointed psychologist. For purposes of this section,  
69 good faith may be shown to exist if the claimant or his or her  
70 counsel has received a written opinion of an expert, as  
71 described in s. 766.102, that there appears to be evidence of  
72 negligence or a lack of good faith. Such an opinion is not  
73 subject to discovery by an opposing party. If the court  
74 determines that such certificate was not made in good faith and  
75 that no justiciable issue was presented against a court-  
76 appointed psychologist who fully cooperated in providing  
77 informal discovery, the court must award attorney fees and  
78 taxable costs against the claimant's counsel and must submit the  
79 matter to The Florida Bar for disciplinary review of the  
80 attorney, if any.

81 (b) An automatic 90-day extension of the statute of  
82 limitations shall be granted to allow the reasonable  
83 investigation required by paragraph (a). This extension shall be  
84 in addition to other tolling periods. A court order is not  
85 required for the extension to be effective. This paragraph does  
86 not revive a cause of action on which the statute of limitations  
87 has run.

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88        (c) For purposes of conducting the investigation required  
89 by this subsection, and notwithstanding any other provision of  
90 law to the contrary, copies of all medical reports and records,  
91 including bills, films, and other records, relating to the  
92 development of the parenting plan must be made available, upon  
93 request, to the plaintiff. A court-appointed psychologist  
94 complying in good faith with this paragraph may not be held  
95 liable for civil damages attributable to the disclosure of such  
96 records or be subject to any disciplinary action based on such  
97 disclosure.

98        (5)~~(4)~~ If a legal action, whether it be a civil action, a  
99 criminal action, or an administrative proceeding, is filed  
100 against a court-appointed psychologist in a dissolution of  
101 marriage, case of domestic violence, or paternity matter  
102 involving the relationship of a child and a parent, including  
103 time-sharing of children, the claimant is responsible for all  
104 reasonable costs and reasonable attorney ~~attorney's~~ fees  
105 associated with the action for both parties if the psychologist  
106 is held not liable. If the psychologist is held liable in civil  
107 court, the psychologist must pay all reasonable costs and  
108 reasonable attorney ~~attorney's~~ fees for the claimant.

109        Section 3. Section 61.123, Florida Statutes, is created to  
110 read:

111        61.123 Criteria to be used by social investigators.—The  
112 Department of Children and Families shall develop and publish a  
113 set of specific enumerated criteria that court-appointed social  
114 investigators may consider and weigh in evaluating the  
115 appropriateness of the environment for a child in a custody  
116 dispute, dissolution of marriage, case of domestic violence, or

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117 paternity matter involving the relationship of a child and a  
118 parent, including time-sharing of children.

119 Section 4. This act shall take effect July 1, 2025.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: CS/SB 976

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bernard

SUBJECT: Court-appointed Social Investigators

DATE: April 2, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Tuszynski	Tuszynski	CF	<b>Fav/CS</b>
2.			AHS	
3.			FP	

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 976 clarifies the process which a parent seeking to disqualify a court-appointed psychologist must follow, and also clarifies that moving to disqualify the psychologist is not a condition precedent to filing a supplemental legal action against the psychologist. Additionally, the bill clarifies that a two-way attorney fee shifting provision applies in any supplemental legal actions against the psychologist in his or her capacity as a court appointee, and does not apply to the underlying legal action.

The bill also requires the parent first move to disqualify the psychologist and appoint a different, alternative psychologist before a parent can file an administrative complaint against a court-appointed psychologist.

The bill has an indeterminate negative fiscal impact on government. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

## II. Present Situation:

### Family Law

In Florida, the general reference to “family law” matters include many different types of cases. Family law courts have jurisdiction over cases involving:

- Dissolution of marriage.
- Annulment.
- Child support.
- Paternity.
- Adoption.
- Name changes.
- Civil domestic violence, repeat violence, dating violence, stalking, and sexual violence injunctions.
- Juvenile dependency.
- Modifications and enforcements of orders, and more.<sup>1</sup>

### *Best Interests of the Child Standard*

Throughout all family law proceedings involving a minor child, the primary focus of the court on the best interest of the minor child. Thus, when determining any issue involving child custody, the judge must first assess how his or her order would impact the child. Florida law provides a non-exhaustive list of 20 factors that a court must consider to determine the best interests of a minor child.<sup>2</sup> The factors affecting the welfare and interests of the child and the circumstances of the family, include, but are not limited to the:

- Demonstrated capacity and disposition of each parent to facilitate and encourage a continuing parent-child relationship, honor the timesharing schedule, and accommodate necessary changes.
- Anticipated division of parental responsibilities after the litigation, including the extent to which parental responsibilities will be delegated to third parties.
- Demonstrated capacity and disposition of each parent to determine, consider, and act upon the needs of the child.
- Length of time the child has lived in a stable environment and the desirability of maintaining continuity.
- Geographic viability of the parenting plan, with special attention paid to the needs of school-age children and the amount of time to be spent traveling to effectuate the parenting plan.
- Mental health, physical health, and moral fitness of the parents.
- Home, school, and community record of the child.
- Reasonable preference of the child.<sup>3</sup>
- Demonstrated knowledge, capacity, and disposition of each parent to be informed of the circumstances of the minor child, including the child’s friends, teachers, and daily activities.

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<sup>1</sup> Florida Office of the State Courts Administrator, *Family Court in Florida*, available at: <https://www.flcourts.gov/Resources-Services/Office-of-Family-Courts/Family-Court-in-Florida> (last visited March 26, 2025).

<sup>2</sup> Section 61.13(3), F.S.

<sup>3</sup> Section 61.13(3), F.S.



- Demonstrated capacity and disposition of each parent to:
  - Provide a consistent routine; and
  - Communicate with and keep the other parent informed of issues and activities regarding the minor child, and the willingness of each parent to adopt a unified front on all major issues when dealing with the child.
- Evidence of domestic violence, sexual violence, child abuse, child abandonment, or child neglect, or evidence that a parent has or has had a reasonable cause to believe that he or she or his or her minor child or children are in imminent danger of becoming victims of an act of domestic violence.
- Evidence that either parent has ever knowingly provided false information about to the court regarding any prior or pending action regarding domestic violence, sexual violence, child abuse, child abandonment, or child neglect.
- Particular parenting tasks customarily performed by each parent, including the extent to which parenting responsibilities were undertaken by third parties.
- Demonstrated capacity and disposition of each parent to participate and be involved in the child's school and extracurricular activities.
- Demonstrated capacity and disposition of each parent to maintain an environment for the child which is free from substance abuse.
- Capacity and disposition of each parent to protect the child from the ongoing litigation regarding child custody.
- Developmental stages and needs of the child and the demonstrated capacity and disposition of each parent to meet the child's developmental needs.
- Any other factor that is relevant to the determination of a specific parenting plan, including the time-sharing schedule.

### ***Parental Responsibility***

Florida courts have consistently ruled that a parent's desire and right to the companionship, care, custody, and management of his or her children is an important interest that warrants deference and, absent a powerful countervailing interest, protection. Further, a parent has general responsibilities owed to his or her children, including supervision, health and safety, education, care, and protection. In Florida, parenting is broken down into two distinct components: parental responsibility (decision-making) and timesharing (physical visitation with the child based on a parenting plan). Although the right to integrity of the family is among one of the most fundamental rights, when parents divorce or separate, the parents' rights are subject to the overriding concern for the ultimate welfare or best interests of their children.

In family law matters, the commonly referred to idea of "custody" is broken down into parental responsibility and timesharing. Parental responsibility refers to the legal duty and right of a parent to care for, protect, and raise his or her child, including making important decisions regarding the child's upbringing and welfare such as religion, medical decisions, and education issues. Timesharing refers to the actual schedule each parent spends with the child according to a timesharing schedule detailed in a parenting plan.

Under Florida law, a court generally orders parental responsibility of a minor child to be shared by both parents.<sup>4</sup> However, a court may deviate from shared parental responsibility if it finds that shared parental responsibility would be detrimental to the minor child.<sup>5</sup> In determining whether there would be a detriment to the child, the court shall consider:

- Evidence of domestic violence;<sup>6</sup>
- Whether either parent has or has had a reasonable cause to believe that he or she or his or her minor child or children are or have been in imminent danger of becoming victims of domestic violence or sexual violence by the other parent against the parent or against the child or children whom the parents share in common, regardless of whether a cause of action has been brought or is pending on the issue;
- Whether either parent has or has had reasonable cause to believe that his or her minor child or children are or have been in imminent danger of becoming victims of an act of abuse, abandonment, or neglect by the other parent; and
- Any other relevant factors.<sup>7</sup>

Current law provides factors that create a rebuttable presumption that shared parental responsibility is detrimental to the child, as follows:

- A parent has been convicted of a first-degree misdemeanor or higher level of crime involving domestic violence as defined in s. 741.28, F.S., and ch. 775, F.S.;
- A parent meets the criteria for the termination of his or her parental rights under s. 39.806(1)(d), F.S. relating to a parent who is incarcerated; or
- A parent has been convicted of or had adjudication withheld as a sexual offender for an offense enumerated in s. 943.0435(1)(h)1.a., F.S., and at the time of the offense the parent was 18 years old or older and the victim was under 18 years old or the parent believed the victim to be under 18.<sup>8</sup>

### ***Parenting Plan***

A court may prescribe a “parenting plan”<sup>9</sup> by which the parents are ordered to share decision-making and physical custody of the minor child. The parenting plan may order parents to exercise shared parental responsibility, it may delegate decision-making authority over specific matters to one parent, or it may grant a parent sole parental responsibility over the minor child. Common issues concerning a minor child may include education, healthcare, and social or emotional wellbeing.

A parenting plan is a document created to govern the relationship between parents relating to decisions that must be made regarding the minor child at issue.<sup>10</sup> A parenting plan must contain a timesharing schedule for the parents and the child.<sup>11</sup> The parenting plan should attempt to

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<sup>4</sup> Section 61.13(2)(c)(2), F.S.

<sup>5</sup> *Id.*

<sup>6</sup> Section 741.28, F.S.

<sup>7</sup> Section 61.13(2)(c)(2), F.S.

<sup>8</sup> Section 61.13(2)(c)(3), F.S.

<sup>9</sup> A “parenting plan” is a document created to govern the relationship between the parents relating to decisions which must be made regarding the child and must contain a timesharing schedule for the parents and child. S. 61.046(14), F.S. If a parenting plan is agreed to by the parties, it must be approved by the court.

<sup>10</sup> Section 61.046(14), F.S.

<sup>11</sup> *Id.*

address all issues concerning the minor child, including, but not limited to, the child's education, health care, and physical, social, and emotional well-being.<sup>12</sup> In creating the parenting plan, the court must consider all circumstances between the parents, including their historic relationship, domestic violence, and other factors.<sup>13</sup> A parenting plan is either created and agreed to by both parents and approved by the court, or is established by the court if the parents cannot agree to a plan or the parents agree to a plan that is not approved by the court.<sup>14</sup> A parenting plan may be utilized in cases involving minor children unrelated to a dissolution of marriage or in connection to a dissolution of marriage.

A parenting plan approved by the court must, at a minimum:

- Describe in adequate detail how the parents will share and be responsible for the daily tasks associated with raising the minor child;
- Include the timesharing schedule arrangements that specify the time that the minor child will spend with each parent;
- Designate which parent will be responsible for healthcare, school-related matters, and other activities; and
- Describe in adequate detail the methods and technologies the parents will use to communicate with the child.<sup>15</sup>

Given the potential for heated disputes in matters involving a minor child, it is imperative that the parenting plan be as detailed as possible to eliminate ambiguity surrounding each parent's responsibilities and specific timesharing with the minor child. This generally includes a detailed description of the various holidays and with which parent the child will spend each holiday,<sup>16</sup> the location of the exchange from one parent's timesharing to the other parent's timesharing, who is responsible for the child's travel expenses, the times during which one parent will ensure the minor child is available to communicate with the other parent, the delegation of specific decision-making topics, and more.<sup>17</sup>

To assist parties with creating a parenting plan that meets the requirements under s. 61.13, F.S., the Florida Supreme Court has published a standardized parenting plan form, Form 12.995(a).<sup>18</sup> The form attempts to cover all possible aspects of an acceptable parenting plan including which parent can enroll the child in extra-curricular activities, the specific meaning of academic breaks and holidays, the process by which a parent should request a temporary schedule change, the specific days the child should be with each parent, and the specific time the exchange should occur.

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<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> Section 61.13(2)(b), F.S.

<sup>16</sup> See *Mills v. Johnson*, 147 So. 3d 1023 (Fla. 2d DCA 2014) in which the trial court erred by adopting a timesharing schedule that did not address holiday timesharing given the historically contentious parenting relationship between the parties.

<sup>17</sup> See generally *Magdziak v. Sullivan*, 185 So. 3d 1291 (Fla. 5th DCA 2016); see also *Scudder v. Scudder*, 296 So. 3d 426 (Fla. 4th DCA 2020).

<sup>18</sup> Florida Supreme Court Approved Family Law Form 12.995(a), Parenting Plan (Feb. 2018), available at: [https://www.flcourts.gov/content/download/686031/file\\_pdf/995a.pdf](https://www.flcourts.gov/content/download/686031/file_pdf/995a.pdf) (last visited Mar. 26, 2025).

### ***Timesharing***

Under current law, a rebuttable presumption exists that equal time-sharing of a minor child is in the child's best interests.<sup>19</sup> As such, a court will start with the presumption that time-sharing should be divided equally (commonly referred to as "50/50") between both parents. However, either parent may rebut the presumption by proving that such equal-timesharing is not in the minor child's best interests.

To successfully overcome the presumption, the parent seeking to rebut the presumption must prove that 50/50 timesharing is not in the child's best interests by a preponderance of the evidence (that is, that the evidence presented is more convincing and likely true than the other parent's evidence, or in other words, meaning it's more probable than not). In establishing a timesharing schedule, except for when the parties agree to a schedule without court intervention, the court must consider the best interests of the child<sup>20</sup> and evaluate all "best interest"<sup>21</sup> factors.

When creating or modifying a time-sharing schedule, the court must evaluate all factors and must make specific written findings of fact related to each factor.<sup>22</sup>

### ***Court-Appointed Social Investigation and Study***

Section 61.20, F.S., provides authority for the court to order a "social investigation and study" in matters where the parenting plan is at issue. As such, a court may order a social investigation and study concerning all relevant details relating to the child and each parent in the case. Under Florida law, a social investigation and study may be ordered in any action where the parenting plan is at issue because the parents cannot agree and either:

- Such an investigation has not been done and, thus, a study has not been provided to the court by the parties; or
- The court determines that the investigation and study that have been done are insufficient.<sup>23</sup>

In a case where the court deems it necessary to order a social investigation and study, either the parties can jointly choose an investigator, or, if they are unable to agree, the court will select and appoint an investigator.<sup>24</sup> The social investigator must be qualified as an expert to testify regarding his or her written study.<sup>25,26</sup> The investigation and study must be conducted by:

- Qualified staff of the court;
- A child-placing agency licensed pursuant to s. 409.175, F.S.;
- A psychologist licensed under ch. 490, F.S.;
- A clinical social worker;
- A Marriage and Family therapist; or
- A mental health counselor licensed under ch. 491, F.S.<sup>27</sup>

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<sup>19</sup> Section 61.13(2)(c)(1), F.S.

<sup>20</sup> Section 61.13(2)(c), F.S.

<sup>21</sup> Section 61.13(3), F.S.

<sup>22</sup> Section 61.13(2)(c)(1), F.S.

<sup>23</sup> Section 61.20(1), F.S.

<sup>24</sup> Fla. Fam. L.R.P. 12.364.

<sup>25</sup> *Id.*

<sup>26</sup> Section 90.702, F.S.

<sup>27</sup> Section 61.20(2), F.S.

Additionally, if a party is indigent and the court does not have qualified staff to perform the investigation and study, the court may request that the Department of Children and Family Services (DCF) conduct the study.<sup>28</sup>

When a social investigation and study is ordered, each party must be provided a copy of the report in advance of a hearing on the matter and must have an opportunity to review the report and offer evidence to rebut conclusions contained therein.<sup>29</sup> The Florida Family Law Rules of Procedure requires the written report to be provided to the parties no later than 30 days before trial.<sup>30</sup>

### ***Court Appointed Psychologist***

There are specific provisions related to court-appointed psychologists who are ordered to develop a parenting plan recommendation in a dissolution of marriage, domestic violence, or a paternity matter involving the relationship of a child and a parent.<sup>31</sup> Under current law, a court-appointed psychologist is presumed to be acting in good faith if his or her recommendation has been reached under standards that a reasonable psychologist would use to develop a parenting plan recommendation.<sup>32</sup>

Additionally, current law prohibits an administrative complaint against a court-appointed psychologist who acted in good faith from being filed anonymously. As such, a parent who wishes to file an administrative complaint against a court-appointed psychologist must include his or her name, address, and telephone number in the complaint.<sup>33</sup> However, current law does not require a parent to first seek to disqualify and replace the psychologist before he or she may file an administrative complaint against the psychologist.

Under current law, a parent who desires to file a legal action against such a court-appointed psychologist must petition the judge or presided over the underlying matter to appoint another psychologist.<sup>34</sup> If that parent establishes good cause for such an additional appointment, the court shall appoint another psychologist.<sup>35</sup> Current law provides for the award of two-way attorney fees in such a civil legal action dependent on whether the psychologist is found liable. As such, if, in a civil legal action against the psychologist, the psychologist is held not liable, the parent who brought the action is responsible for all reasonable costs and reasonable attorney fees associated with the action for the psychologist.<sup>36</sup> However, if the psychologist is held liable, he

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<sup>28</sup> *Id.*

<sup>29</sup> *See Sacks v. Sacks*, 991 So. 2d 922 (Fla. 5th DCA 2008) (providing that parties must have a reasonable period of time prior to trial so that each can properly evaluate the report, undertake discovery, where appropriate, and have an adequate opportunity for preparation of rebuttal evidence; *see also Leinbach v. Leinbach*, 634 So. 2d 252, 253 (Fla. 2d DCA 1994) (providing that procedural due process prohibits a trial court from relying on a social investigation report to determine child custody without first providing the report to the parties and permitting them to introduce evidence that might rebut the conclusions or recommendations included in the report).

<sup>30</sup> Fla. Fam. L.R.P. 12.363(b).

<sup>31</sup> *See generally*, s. 61.122, F.S.

<sup>32</sup> Section 61.122(1), F.S.

<sup>33</sup> Section 61.122(2), F.S.

<sup>34</sup> Section 61.122(3), F.S.

<sup>35</sup> *Id.*

<sup>36</sup> Section 61.122(4), F.S.

or she will be responsible for and must pay all reasonable costs and attorney fees for the parent who brought the action.<sup>37</sup>

### ***Attorney Fees***

#### Historical Treatment of Attorney Fees

The traditional “English rule” entitled a prevailing party in civil litigation to attorney fees as a matter of right. However, Florida and a majority of other United States jurisdictions have adopted the “American rule,” where each party bears its own attorney fees unless a “fee-shifting statute” provides an entitlement to fees. In Florida, several such fee-shifting statutes entitle the prevailing party or, more specifically, a particular prevailing claimant or plaintiff, to have his or her fees paid by the other party.<sup>38</sup>

#### Statutorily-Provided Attorney Fees

Several Florida and federal statutes state that a prevailing party in court proceedings is entitled to attorney fees as a matter of right.<sup>39</sup> These statutes are known as “fee-shifting statutes” and often entitle the prevailing party to a reasonable attorney fee, which must be paid by the other party. When a fee-shifting statute applies, the court must determine and calculate what constitutes a reasonable attorney fee. One such fee-shifting statute pertains to actions brought against court-appointed psychologists.<sup>40</sup>

#### Lodestar Approach

In 1985, the Florida Supreme Court held that courts should calculate the amount of statutorily-authorized attorney fees under the “lodestar approach.”<sup>41</sup> Under this approach, the first step is for the court to determine the number of hours reasonably expended by an attorney on the case. The second step requires the court to determine a reasonable hourly rate. The number of hours reasonably expended (determined in the first step), multiplied by the reasonable hourly rate (determined in the second step), produces the “lodestar amount,” which is considered an objective basis for what the attorney fee amount should be.

### **Administrative Complaint Process**

In Florida, certain professions and businesses are monitored by various agencies and departments. For example, a licensed attorney must be in good standing with the Florida Bar, and a disgruntled client may file a complaint with the Bar in relation to the attorney’s representation of the client. Likewise, the Florida Department of Health (DOH) investigates complaints and

<sup>37</sup> *Id.*

<sup>38</sup> *See, e.g.*, s. 400.023, F.S. (nursing home resident); s. 440.34, F.S. (claimant in a workers’ compensation case in certain situations); s. 501.2105, F.S. (plaintiff in specified FDUTPA actions); ss. 626.9373 and 627.428, F.S. (prevailing insured party in a case brought against an insurer); s. 790.33, F.S. (plaintiff in a suit to enforce his or her firearm rights); *see also* 42 U.S.C. s. 1988(b) (federal fee-shifting statute for prevailing parties in actions to enforce certain civil rights statutes).

<sup>39</sup> *See, e.g.*, s. 627.428, F.S. (providing that an insured who prevails against an insurer is entitled to “a reasonable sum” of attorney fees); s. 501.2105, F.S. (providing that the prevailing party in an action under the Florida Deceptive and Unfair Trade Practices Act (FDUTPA) is entitled to “a reasonable legal fee”); 42 U.S.C. s. 1988(b) (providing that a prevailing party seeking to enforce specified civil rights statutes may recover “a reasonable attorney’s fee”).

<sup>40</sup> Section 61.122(4), F.S.

<sup>41</sup> *Fla. Patient’s Comp. Fund v. Rowe*, 472 So. 2d 1145 (Fla. 1985).

<sup>42</sup> Florida Dep’t. of Health, *Enforcement*, available at: <https://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html> (last visited March 26, 2025).

reports involving healthcare providers and enforces applicable laws.<sup>42</sup> As such, DOH may take administrative action against providers under its purview including issuing reprimands, fines, restricting the practice of a specific provider, requiring remedial education, probation, license suspension or license revocation.<sup>43</sup> Depending on the severity of the allegation, a professional who is the subject of an administrative action may ultimately lose his or her license and be prohibited from practicing in the state if the complaint is determined to be verified and truthful.

DOH does not charge a fee for anyone to file a complaint against a professional under its purview and the complaint remains confidential if probable cause is not found.<sup>44</sup> However, if probable cause is found, the complaint remains confidential until 10 days after such probable cause is found.<sup>45</sup>

DOH currently licenses and regulates a large variety of healthcare professionals including medical doctors and psychologists.<sup>46</sup>

### III. Effect of Proposed Changes:

**Section 1** of the bill amends s. 61.122, F.S., to clarify that moving to disqualify a court-appointed psychologist is not a condition precedent to filing a supplemental legal action against the psychologist. The bill imposes a procedural condition precedent a parent must meet before he or she can file an administrative complaint against a court-appointed psychologist who was appointed to conduct a social investigation and study or make a parenting plan recommendation in a family law action. As such, a parent who wishes to file an administrative complaint against a court-ordered psychologist in relation to the psychologist's parenting plan recommendation must first move to disqualify the court-appointed psychologist from the family law proceeding before he or she can file an administrative complaint.

The bill requires a parent who wants to disqualify the selection of a court-appointed psychologist who has acted in good faith in developing a parenting plan recommendation to petition the judge presiding over the family law case to appoint a new, alternative psychologist in lieu of the originally appointed psychologist.

The bill also clarifies which party is responsible for paying certain attorney fees and costs in any supplemental legal action (that is, a separate legal action arising out of the underlying family law matter, not a pleading filed within the same case) against a court-appointed psychologist in his or her capacity as a court-appointed resource in a family law matter. The bill clarifies that the two-way attorney fee shifting structure outlined under current law applies to any additional or

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<sup>42</sup> Florida Dep't. of Health, *Enforcement*, available at: <https://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html> (last visited March 26, 2025).

<sup>43</sup> *Id.*

<sup>44</sup> *Id.*

<sup>45</sup> *Id.*

<sup>46</sup> A complete list of the professions regulated under DOH can be found at <https://www.floridahealth.gov/licensing-and-regulation/index.html>.

supplemental legal action against the court-appointed psychologist and does not apply as it relates to any hearings or filings in the underlying family law proceeding.

**Section 2** of the bill provides an effective date of July 1, 2025.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

The bill does not require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18, of the State Constitution.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None Identified.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Indeterminate negative fiscal impact related to increased costs associated with increased filings.

**VI. Technical Deficiencies:**

None.



**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 61.122

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Children, Families, and Elder Affairs Committee on April 1, 2025:**

- Changes the title to “court-appointed psychologists;”
- Clarifies that moving to disqualify the psychologist is not a condition precedent to filing a supplemental legal action against the psychologist;
- Prohibits the filing of an administrative complaint before the complainant has moved to disqualify the court-appointed psychologist;
- Clarifies that a two-way attorney fee shifting provision applies in any supplemental legal actions against the psychologist; and
- Makes conforming and clean up language changes.

**B. Amendments:**

None.



656890

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/02/2025	.	
	.	
	.	
	.	

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The Committee on Children, Families, and Elder Affairs (Bernard) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsections (2), (3), and (4) of section 61.122,  
Florida Statutes, are amended to read:

61.122 Parenting plan recommendation; presumption of  
psychologist's good faith; prerequisite to parent's filing suit;  
award of fees, costs, reimbursement.—

(2) An administrative complaint against a court-appointed



656890

psychologist which relates to a parenting plan recommendation conducted by the psychologist may not be filed anonymously. The individual who files an administrative complaint must include in the complaint his or her name, address, and telephone number. Such an administrative complaint may not be filed until the complainant has moved to disqualify the selection of the psychologist pursuant to subsection (3).

(3) A parent who desires to disqualify the selection of the ~~file a legal action against a~~ court-appointed psychologist or file an administrative complaint against the court-appointed psychologist who has acted in good faith in developing a parenting plan recommendation must petition the judge who is presiding ~~presided~~ over the dissolution of marriage, case of domestic violence, or paternity matter involving the relationship of a child and a parent, including time-sharing of children, to appoint an alternative ~~another~~ psychologist. Upon the parent's showing of good cause, the court shall appoint another psychologist. The court shall determine who is responsible for all court costs and attorney ~~attorney's~~ fees associated with making such an appointment.

(4) In any supplemental ~~If a legal action, whether it be a civil action, a criminal action, or an administrative proceeding, is~~ filed against a court-appointed psychologist based upon his or her participation in a dissolution of marriage, case of domestic violence, or paternity matter involving the relationship of a child and a parent, including time-sharing of children, the claimant is responsible for all reasonable costs and reasonable attorney ~~attorney's~~ fees associated with the action for both parties if the psychologist



656890

is held not liable. If the psychologist is held liable in civil court, the psychologist must pay all reasonable costs and reasonable attorney's fees for the claimant.

Section 2. This act shall take effect July 1, 2025.

===== T I T L E   A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled

An act relating to court-appointed psychologists;  
amending s. 61.122, F.S.; requiring a party to seek  
disqualification of a court-appointed psychologist  
before filing an administrative complaint against the  
psychologist; providing for disqualification motions;  
revising provisions for award of costs and attorney  
fees in supplemental actions against court-appointed  
psychologists; providing an effective date.



565810

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/02/2025	.	
	.	
	.	
	.	

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The Committee on Children, Families, and Elder Affairs (Bernard)  
recommended the following:

**Senate Amendment to Amendment (656890)**

Delete line 39  
and insert:  
associated with the supplemental action for both parties if the  
psychologist

By Senator Bradley

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A bill to be entitled

An act relating to the Agency for Persons with Disabilities; renaming ch. 393, F.S., as "Persons with Disabilities"; providing for a type two transfer of primary powers and duties relating to the Division of Vocational Rehabilitation, the Division of Blind Services, and the Federal Rehabilitation Trust Fund from the Department of Education to the Agency for Persons with Disabilities; specifying that certain binding contracts and interagency agreements remain binding; providing that the Department of Education shall continue operations of certain direct-support organizations for a specified timeframe; providing for the transition of such operations; requiring the transfer of specified funds; transferring duties related to submission of specified amendments, supplemental information, or waivers to the Federal Government; providing for a type two transfer of certain programs of the department to the agency; providing legislative intent; directing applicable units of state government to contribute to implementation of the act; specifying a transition period; requiring the secretary of the Agency for Persons with Disabilities and the Commissioner of Education to each designate a transition coordinator to implement the transition; providing for the establishment of a transition advisory working group; specifying duties of the working group; requiring that any adjustments to the operating budgets be made in

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consultation with the appropriate committees of the  
Legislature; amending s. 20.15, F.S.; removing  
specified divisions from the Department of Education;  
amending s. 20.197, F.S.; designating the Agency for  
Persons with Disabilities as a separate department  
rather than as being housed within the Department of  
Children and Families; providing the purposes of the  
agency; providing that the head of the agency is the  
secretary of the Agency for Persons with Disabilities,  
rather than the director; conforming provisions to  
changes made by the act; amending s. 20.1971, F.S.;  
requiring the agency to administer the Federal  
Rehabilitation Trust Fund; providing requirements for  
the use of specified funds; providing that any  
unexpended balance at a specified time to remain in  
such trust fund for certain purpose; making technical  
changes; amending s. 393.062, F.S.; providing and  
revising legislative findings and intent; providing  
the mission of the agency; creating s. 393.0621, F.S.;  
providing agency duties and responsibilities; amending  
s. 393.063, F.S.; providing and revising definitions;  
amending s. 393.065, F.S.; requiring the agency to  
participate in certain transition planning activities  
for certain eligible individuals; creating s.  
393.0664, F.S.; requiring the agency to implement a  
specified Medicaid waiver program to address the needs  
of certain clients; providing the purpose of the  
program; authorizing the agency, in partnership with  
the Agency for Health Care Administration, to seek

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59 federal approval through a state plan amendment or  
60 Medicaid waiver to implement the program by a  
61 specified date; providing voluntary enrollment,  
62 eligibility, and disenrollment requirements; requiring  
63 the agency to approve a needs assessment methodology;  
64 providing that only persons trained by the agency may  
65 administer the methodology; requiring the agency to  
66 offer such training; requiring the agency to authorize  
67 certain covered services specified in the Medicaid  
68 waiver; providing requirements for such services;  
69 requiring the agency to begin enrollment in the  
70 program upon federal approval; providing construction;  
71 requiring the agency, in consultation with the Agency  
72 for Health Care Administration, to submit progress  
73 reports to the Governor and the Legislature upon  
74 federal approval and throughout implementation of the  
75 program; requiring the agency to submit, by a  
76 specified date, a progress report on the  
77 administration of the program; specifying requirements  
78 for the report; amending s. 393.502, F.S.; creating  
79 the statewide family care council for specified  
80 purposes; specifying duties of the statewide council;  
81 creating local family care councils for specified  
82 purposes; requiring the statewide council to submit  
83 annual reports to the agency by a specified date;  
84 providing requirements for the reports; requiring  
85 local councils to submit annual reports to the  
86 statewide council; providing requirements for the  
87 reports; specifying duties of the local councils;



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88 providing for funding and financial reviews of the  
89 councils; revising membership requirements and meeting  
90 requirements for the councils; creating s. 413.001,  
91 F.S.; providing legislative intent for and purpose of  
92 the agency; amending s. 413.271, F.S.; revising  
93 membership of a specified council; amending ss.  
94 90.6063, 110.112, 215.311, 257.04, 318.21, 320.0848,  
95 393.13, 394.75, 402.56, 409.9855, 410.604, 413.011,  
96 413.0111, 413.033, 413.035, 413.036, 413.037, 413.051,  
97 413.091, 413.092, 413.20, 413.201, 413.203, 413.402,  
98 413.405, 413.407, 413.445, 413.615, 413.80, 413.801,  
99 427.012, 943.0585, 943.059, 1002.394, 1003.575,  
100 1004.6495, and 1012.582, F.S.; conforming provisions  
101 and cross-references to changes made by the act;  
102 providing an effective date.

103  
104 WHEREAS, the Agency for Persons with Disabilities serves as  
105 the primary agency administering support to all individuals with  
106 disabilities in living, learning, and working within their  
107 communities by creating multiple pathways to possibilities for  
108 such individuals and their families, and

109 WHEREAS, the agency accomplishes its mission by  
110 streamlining access to support and services for individuals with  
111 disabilities, providing care navigation to assist them in  
112 realizing their potential and thriving in their communities;  
113 programs that provide Medicaid waivers, vocational  
114 rehabilitation, and blind services; the Florida Unique Abilities  
115 Partner Program; and a host of other necessary supports and  
116 services, and

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WHEREAS, the mission of the agency is to develop community-based programs and services for individuals with disabilities and to work with private businesses, nonprofit organizations, units of local government, and other organizations capable of providing needed services to individuals with disabilities to provide opportunities for success to such individuals, and

WHEREAS, this state continues to develop multiple innovative pathways to serve individuals with disabilities and their families, including advancing the continuum of care to provide a robust and consistent system that promotes quality of life in daily living, community integration, and goal-based achievement, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Chapter 393, Florida Statutes, entitled "Developmental Disabilities," is renamed "Persons with Disabilities."

Section 2. Type two transfer from the Department of Education.—

(1) All powers, duties, functions, records, offices, personnel, associated administrative support positions, property, pending issues, existing contracts, administrative authority, administrative rules, and unexpended balances of appropriations, allocations, and other funds relating to the Division of Vocational Rehabilitation, the Division of Blind Services, and the Federal Rehabilitation Trust Fund in the Department of Education are transferred by a type two transfer, as described in s. 20.06(2), Florida Statutes, from the

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146 Department of Education to the Agency for Persons with  
147 Disabilities.

148 (2) Any binding contract or interagency agreement existing  
149 before September 30, 2026, between the Division of Blind  
150 Services, the Division of Vocational Rehabilitation, or an  
151 entity or agent of those divisions and any other agency, entity,  
152 or person must continue as a binding contract or agreement for  
153 the remainder of the term of such contract or agreement on the  
154 successor department, agency, or entity responsible for the  
155 program, activity, or functions relative to the contract or  
156 agreement. The Department of Education shall continue the  
157 operations of any direct-support organization created under  
158 chapter 413, Florida Statutes, until full implementation of the  
159 transition plan or October 1, 2027, whichever occurs first. The  
160 transition must include the transfer of powers, duties,  
161 functions, records, offices, personnel, property, pending  
162 issues, and existing contracts related to any direct-support  
163 organizations created under chapter 413, Florida Statutes.

164 (3) Any funds held in trust which were donated to or earned  
165 by the Division of Blind Services or the Division of Vocational  
166 Rehabilitation must be transferred in conjunction with the  
167 direct-support organization created pursuant to s. 413.0111,  
168 Florida Statutes, as appropriate, and used for the original  
169 purposes.

170 (4) Duties related to applicable federal authority in  
171 connection with any federal program operated by or federal  
172 funding received by the state must transfer to the Agency for  
173 Persons with Disabilities to allow the timely submission of any  
174 necessary amendments, supplemental information, or waivers

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concerning plans that the state or an entity specified in subsection (3) is required to submit to the applicable federal departments or agencies or that, pursuant to federal laws or regulations, are necessary to administer this act.

(5) All powers, duties, functions, records, offices, personnel, property, pending issues, existing contracts, administrative authority, administrative rules, and unexpended balances of appropriations, allocations, and other funds of the Department of Education relating to the programs transferred to the Agency for Persons with Disabilities under subsection (1) which are not specifically transferred by this section are transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, to the Agency for Persons with Disabilities.

(6) The Agency for Persons with Disabilities and the Department of Education shall jointly notify the United States Department of Education of the change in grant recipient for any applicable federal funding.

(7) It is the intent of the Legislature that all transition activities be completed on or before October 1, 2027, and that the changes made by this section be accomplished with minimal disruption of services provided to the public and minimal disruption to employees of any affected organization. To that end, the Legislature directs all applicable units of state government to contribute to the successful implementation of this act, and declares that a transition period between July 1, 2025, and October 1, 2027, is appropriate and warranted, and is hereby established.

Section 3. (1) The secretary of the Agency for Persons with Disabilities and the Commissioner of Education shall each

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204 designate a transition coordinator to serve as the primary  
205 representative on a transition advisory working group for  
206 matters related to implementing this act and the transition  
207 plans required under this act. The transition coordinators may  
208 recommend to the secretary and the commissioner a team of  
209 subject-matter experts to fulfill transition duties and submit  
210 progress reports on any activity, duty, or function performed  
211 under this act.

212 (2) The secretary and the commissioner shall each appoint  
213 three staff members to the transition advisory working group to  
214 review and make determinations on the following:

215 (a) The appropriate proportionate number of administrative,  
216 auditing, inspector general, attorney, and operational support  
217 positions and their related funding levels and sources and  
218 assigned property to be transferred from the Office of General  
219 Counsel, Office of Inspector General, and Division of  
220 Administrative Services or other relevant offices or divisions  
221 within the Department of Education to the Agency for Persons  
222 with Disabilities.

223 (b) The development of a recommended plan addressing the  
224 transfers or shared use of buildings, regional offices, and  
225 other facilities used or owned by the Department of Education.

226 (c) Any operating budget adjustments necessary to implement  
227 the requirements of this act. Adjustments made to the operating  
228 budgets of the Agency for Persons with Disabilities and the  
229 Department of Education in the implementation of this act must  
230 be made in consultation with the appropriate substantive and  
231 fiscal committees of the Senate and the House of  
232 Representatives.

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Section 4. Paragraphs (e) and (f) of subsection (3) of section 20.15, Florida Statutes, are amended to read:

20.15 Department of Education.—There is created a Department of Education.

(3) DIVISIONS.—The following divisions of the Department of Education are established:

~~(e) Division of Vocational Rehabilitation.~~

~~(f) Division of Blind Services.~~

Section 5. Section 20.197, Florida Statutes, is amended to read:

20.197 Agency for Persons with Disabilities.—

(1) Notwithstanding s. 20.04(1), there is created a department, which shall be called the Agency for Persons with Disabilities, for the purposes of:

(a) Serving as the single state agency providing multiple pathways for success for persons with disabilities.

(b) Providing services under chapter 393 to persons with disabilities, including overseeing the operation of all state institutional programs and the programmatic management of Medicaid waivers and other programs established to provide services to persons with developmental disabilities.

(c) Providing services under chapter 413 to persons with disabilities.

(2) The head of the agency is the secretary of the Agency for Persons with Disabilities and shall be appointed by the Governor, subject to confirmation by the Senate. The secretary shall serve at the pleasure of and report to the Governor housed within the Department of Children and Families for administrative purposes only. The agency shall be a separate

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~~budget entity not subject to control, supervision, or direction by the Department of Children and Families in any manner, including, but not limited to, personnel, purchasing, transactions involving real or personal property, and budgetary matters.~~

~~(3)(1) The director of the agency shall be the agency head for all purposes and shall be appointed by the Governor, subject to confirmation by the Senate, and shall serve at the pleasure of the Governor. The secretary director shall administer the affairs of the agency and may, within available resources, employ assistants, professional staff, and other employees as necessary to discharge the powers and duties of the agency.~~

~~(4)(2) The agency, shall include a Division of Budget and Planning and a Division of Operations. In addition, and in accordance with s. 20.04, shall establish the director of the agency may recommend establishing additional divisions, bureaus, sections, and subsections of the agency in order to promote efficient and effective operation of the agency.~~

~~(3) The agency is responsible for providing all services provided to persons with developmental disabilities under chapter 393, including the operation of all state institutional programs and the programmatic management of Medicaid waivers established to provide services to persons with developmental disabilities.~~

~~(5)(4) The agency shall engage in such other programmatic and administrative activities as it deems are deemed necessary to effectively and efficiently address the needs of the agency's clients.~~

~~(6)(5) The agency shall enter into an interagency agreement~~

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that delineates the responsibilities of the Agency for Health  
Care Administration for the following:

(a) The terms and execution of contracts with Medicaid  
providers for the provision of services provided through  
Medicaid, including federally approved waiver programs.

(b) The billing, payment, and reconciliation of claims for  
Medicaid services reimbursed by the agency.

(c) The implementation of utilization management measures,  
including the prior authorization of services plans and the  
streamlining and consolidation of waiver services, to ensure the  
cost-effective provision of needed Medicaid services and to  
maximize the number of persons with access to such services.

(d) A system of approving each client's plan of care to  
ensure that the services on the plan of care are those that  
without which the client would require the services of an  
intermediate care facility for the developmentally disabled.

Section 6. Section 20.1971, Florida Statutes, is amended to  
read:

20.1971 Agency for Persons with Disabilities; trust funds.—  
The following trust funds shall be administered by the Agency  
for Persons with Disabilities:

(1) THE ADMINISTRATIVE TRUST FUND.—

(a) Funds to be credited to the trust fund shall consist of  
federal matching funds provided for the administration of  
Medicaid services. Funds must ~~shall~~ be used for the purpose of  
supporting the agency's administration of Medicaid programs and  
for other such purposes as may be appropriate and shall be  
expended only pursuant to legislative appropriation or an  
approved amendment to the agency's operating budget pursuant to



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the provisions of chapter 216.

(b) Notwithstanding ~~the provisions of~~ s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year remains ~~shall remain~~ in the trust fund at the end of the year and is ~~shall be~~ available for carrying out the purposes of the trust fund.

(2) THE OPERATIONS AND MAINTENANCE TRUST FUND.—

(a) Funds to be credited to the trust fund shall consist of receipts from third-party payors of health care services such as Medicaid. Funds must ~~shall~~ be used for the purpose of providing health care services to agency clients and for other such purposes as may be appropriate and may ~~shall~~ be expended only pursuant to legislative appropriation or an approved amendment to the agency's operating budget pursuant to ~~the provisions of~~ chapter 216.

(b) Notwithstanding ~~the provisions of~~ s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year remains ~~shall remain~~ in the trust fund at the end of the year and is ~~shall be~~ available for carrying out the purposes of the trust fund.

(3) THE SOCIAL SERVICES BLOCK GRANT TRUST FUND.—

(a) Funds to be credited to the trust fund shall consist of federal social services block grant funds. These funds must ~~shall~~ be used for the purpose of providing health care and support services to agency clients and for other such purposes as may be appropriate and may ~~shall~~ be expended only pursuant to legislative appropriation or an approved amendment to the agency's operating budget pursuant to ~~the provisions of~~ chapter 216.

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(b) Notwithstanding ~~the provisions of~~ s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year remains ~~shall remain~~ in the trust fund at the end of the year and is ~~shall be~~ available for carrying out the purposes of the trust fund.

(4) THE TOBACCO SETTLEMENT TRUST FUND. —

(a) Funds to be credited to the trust fund shall consist of funds disbursed, by nonoperating transfer, from the Department of Financial Services Tobacco Settlement Clearing Trust Fund in amounts equal to the annual appropriations made from this trust fund.

(b) Notwithstanding ~~the provisions of~~ s. 216.301 and pursuant to s. 216.351, any unencumbered balance in the trust fund at the end of any fiscal year and any encumbered balance remaining undisbursed on September 30 of the same calendar year reverts ~~shall revert~~ to the Department of Financial Services Tobacco Settlement Clearing Trust Fund.

(5) THE FEDERAL GRANTS TRUST FUND. —

(a) Funds to be credited to the trust fund shall consist of receipts from federal grants. These funds must ~~shall~~ be used for the purpose of providing health care services to agency clients and for other such purposes as may be appropriate and may ~~shall~~ be expended only pursuant to legislative appropriation or an approved amendment to the agency's operating budget pursuant to ~~the provisions of~~ chapter 216.

(b) Notwithstanding ~~the provisions of~~ s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year remains ~~shall remain~~ in the trust fund at the end of the year and is ~~shall be~~ available for carrying out the

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purposes of the trust fund.

(6) THE FEDERAL REHABILITATION TRUST FUND.—

(a) Funds to be credited to the trust fund shall consist of receipts from federal grants. These funds must be used for the purpose of providing independent living skills, education, medical treatment, and assistive devices for individuals with disabilities so that they may lead productive lives and join the workforce.

(b) Notwithstanding s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year remains in the trust fund at the end of the year and is available for carrying out the purposes of the trust fund.

Section 7. Section 393.062, Florida Statutes, is amended to read:

393.062 Legislative findings and declaration of intent.—The Legislature finds and intends ~~declares~~ that the Agency for Persons with Disabilities serve as the single state agency for all individuals with disabilities in this state. The mission of the agency is to support individuals with disabilities and their families in living, learning, and working within their communities by creating multiple pathways to possibilities for such individuals and their families ~~existing state programs for the treatment of individuals with developmental disabilities, which often unnecessarily place clients in institutions, are unreasonably costly, are ineffective in bringing the individual client to his or her maximum potential, and are in fact debilitating to many clients. A redirection in state treatment programs for individuals with developmental disabilities is necessary if any significant amelioration of the problems faced~~

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~~by such individuals is ever to take place. Such redirection should place primary emphasis on programs that prevent or reduce the severity of developmental disabilities. Further,~~ The greatest priority shall be given to the development and implementation of community-based services that will enable individuals with developmental disabilities to achieve their greatest potential for independent and productive living, enable them to live in their own homes or in residences located in their own communities, and permit them to be diverted or removed from unnecessary institutional placements. This goal cannot be met without ensuring the availability of community residential opportunities in the residential areas of this state. The Legislature, therefore, declares that all persons with developmental disabilities who live in licensed community homes shall have a family living environment comparable to other Floridians and that such residences shall be considered and treated as a functional equivalent of a family unit and not as an institution, business, or boarding home. The Legislature further declares that, in developing community-based programs and services for individuals with developmental disabilities, private businesses, not-for-profit corporations, units of local government, and other organizations capable of providing needed services to clients in a cost-efficient manner shall be given preference in lieu of operation of programs directly by state agencies. ~~Finally, it is the intent of the Legislature that all caretakers unrelated to individuals with developmental disabilities receiving care shall be of good moral character.~~

Section 8. Section 393.0621, Florida Statutes, is created to read:

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436 393.0621 Duties and responsibilities of the agency.-The  
437 agency shall:

438 (1) Serve as the primary agency administering support to  
439 individuals with disabilities in living, learning, and working  
440 within their communities by creating multiple pathways to  
441 possibilities for such individuals and their families, among  
442 other responsibilities.

443 (2) Administer, as deemed fit by the agency and in  
444 accordance with law, developmental disabilities home and  
445 community-based Medicaid waiver programs.

446 (3) Develop community-based programs and services for  
447 individuals with disabilities and work with private businesses,  
448 nonprofit organizations, faith-based entities, units of local  
449 government, and other organizations capable of providing needed  
450 services to individuals with disabilities to provide  
451 opportunities for success to such individuals.

452 (4) Advise the Governor and the Legislature regarding the  
453 need for and location of programs related to disabilities.

454 (5) Serve as the preeminent state authority on individuals  
455 with disabilities and, when necessary, advise, set standards  
456 for, and propose recommendations to other entities serving  
457 individuals with disabilities.

458 (6) Advocate for quality programs and services for the  
459 state's disabled population and on behalf of the needs of  
460 individuals with disabilities.

461 (7) Purchase, lease, or otherwise acquire material to  
462 advertise, market, and promote awareness of services available  
463 to enable individuals with disabilities to achieve greater  
464 independence.

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465       (8) Prevent neglect, abuse, or exploitation of individuals  
466 with disabilities who are unable to protect their own interests.

467       (9) Conduct studies and collect data necessary for the  
468 success of its mission.

469       (10) Coordinate interdepartmental policy development and  
470 program planning for all state agencies that provide services  
471 for individuals with disabilities in order to prevent  
472 duplicative efforts, to maximize use of resources, and to ensure  
473 cooperation, communication, and departmental linkages.

474       Section 9. Present subsections (6) through (46) of section  
475 393.063, Florida Statutes, are redesignated as subsections (7)  
476 through (47), respectively, a new subsection (6) is added to  
477 that section, and present subsections (6), (7), (10), (13),  
478 (18), (20), (31), (37), and (46) of that section are amended, to  
479 read:

480       393.063 Definitions.—For the purposes of this chapter, the  
481 term:

482       (6) "Care plan" means a written tool that contains  
483 information provided by the individual with disabilities or his  
484 or her guardian advocate or representative which is used to  
485 develop attainable milestones and corresponding timelines to  
486 address immediate, intermediate, and long-term needs and goals  
487 through the coordination of resources and support.

488       (7)~~(6)~~ "Cerebral palsy" means a group of disabling symptoms  
489 of extended duration which results from damage to the developing  
490 brain that may occur before, during, or after birth and that  
491 results in the loss or impairment of control over voluntary  
492 muscles. The term ~~For the purposes of this definition, cerebral~~  
493 ~~palsy~~ does not include those symptoms or impairments resulting

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solely from a stroke.

(8)~~(7)~~ "Client" means any individual with disabilities who receives services or support from the agency under this chapter or chapter 413 ~~person determined eligible by the agency for services under this chapter.~~

(11)~~(10)~~ "Developmental disabilities center" means a state-owned and state-operated facility, ~~formerly known as a "Sunland Center,"~~ providing for the care, habilitation, and rehabilitation of clients ~~with developmental disabilities.~~

(14)~~(13)~~ "Domicile" means the place where a client legally resides and which is his or her permanent home. Domicile may be established as provided in s. 222.17. Domicile may not be established in Florida by a minor who does not have a ~~has no~~ parent ~~domiciled in Florida,~~ or ~~by a minor who has no~~ legal guardian domiciled in Florida, or by any alien not classified as a resident alien.

(19)~~(18)~~ "Group home facility" means a residential facility licensed under this chapter which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The capacity of such a facility must ~~shall~~ be at least 4 but not more than 15 residents.

(21)~~(20)~~ "Guardian advocate" means a person appointed by a written order of the court under s. 393.12 to represent a person with developmental disabilities ~~under s. 393.12.~~

(32)~~(31)~~ "Resident" means a person who has a developmental disability and resides at a residential facility, regardless of whether ~~or not~~ such person is a client of the agency.

(38)~~(37)~~ "Seclusion" means the involuntary isolation of a

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person in a room or area from which the person is prevented from leaving. The prevention may be by physical barrier or by a staff member ~~who is~~ acting in a manner, or ~~who is~~ physically situated, so as to prevent the person from leaving the room or area. For the purposes of this chapter, the term does not mean isolation due to the medical condition or symptoms of the person.

~~(47)-(46)~~ "Treatment" means interventions or services provided to prevent and lessen a client's symptoms; provide care, comfort, and education to a client; and restore and maintain the health of a client ~~the prevention, amelioration, or cure of a client's physical and mental disabilities or illnesses.~~

Section 10. Paragraph (b) of subsection (5) and paragraph (a) of subsection (11) of section 393.065, Florida Statutes, are amended to read:

393.065 Application and eligibility determination.—

(5) Except as provided in subsections (6) and (7), if a client seeking enrollment in the developmental disabilities home and community-based services Medicaid waiver program meets the level of care requirement for an intermediate care facility for individuals with intellectual disabilities pursuant to 42 C.F.R. ss. 435.217(b)(1) and 440.150, the agency must assign the client to an appropriate preenrollment category pursuant to this subsection and must provide priority to clients waiting for waiver services in the following order:

(b) Category 2, which includes clients in the preenrollment categories who are:

1. From the child welfare system with an open case in the Department of Children and Families' statewide automated child



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welfare information system and who are either:

a. Transitioning out of the child welfare system into permanency; or

b. At least 18 years but not yet 22 years of age and who need both waiver services and extended foster care services; or

2. At least 18 years but not yet 22 years of age and who withdrew consent pursuant to s. 39.6251(5)(c) to remain in the extended foster care system.

For individuals who are at least 18 years but not yet 22 years of age and who are eligible under sub-subparagraph 1.b., the agency must provide waiver services, including residential habilitation, and must participate in transition planning activities coordinated by the community-based care lead agency, including, but not limited to, transition plan staffing pursuant to s. 39.6035 and multidisciplinary staffing pursuant to s. 39.701, including those activities regarding guardianship. ~~and~~

The community-based care lead agency must fund room and board at the rate established in s. 409.145(3) and provide case management and related services as defined in s. 409.986(3)(e). Individuals may receive both waiver services and services under s. 39.6251. Services may not duplicate services available through the Medicaid state plan.

Within preenrollment categories 3, 4, 5, 6, and 7, the agency shall prioritize clients in the order of the date that the client is determined eligible for waiver services.

(11)(a) The agency must provide the following information to all applicants or their parents, legal guardians, or family

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members:

1. A brief overview of the vocational rehabilitation services offered through the Division of Vocational Rehabilitation of the agency ~~Department of Education~~, including a hyperlink or website address that provides access to the application for such services;

2. A brief overview of the Florida ABLE program as established under s. 1009.986, including a hyperlink or website address that provides access to the application for establishing an ABLE account as defined in s. 1009.986(2);

3. A brief overview of the supplemental security income benefits and social security disability income benefits available under Title XVI of the Social Security Act, as amended, including a hyperlink or website address that provides access to the application for such benefits;

4. A statement indicating that the applicant's local public school district may provide specialized instructional services, including transition programs, for students with special education needs;

5. A brief overview of programs and services funded through the Florida Center for Students with Unique Abilities, including contact information for each state-approved Florida Postsecondary Comprehensive Transition Program;

6. A brief overview of decisionmaking options for individuals with disabilities, guardianship under chapter 744, and alternatives to guardianship as defined in s. 744.334(1), which may include contact information for organizations that the agency believes would be helpful in assisting with such decisions;

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610       7. A brief overview of the referral tools made available  
611 through the agency, including a hyperlink or website address  
612 that provides access to such tools; and

613       8. A statement indicating that some waiver providers may  
614 serve private-pay individuals.

615       Section 11. Section 393.0664, Florida Statutes, is created  
616 to read:

617       393.0664 Adult Pathways Home and Community-based Services  
618 Medicaid waiver program.—

619       (1) PROGRAM IMPLEMENTATION.—

620       (a) The agency shall implement the Adult Pathways Home and  
621 Community-based Services Medicaid waiver program using a fee-  
622 for-service model with an annual per-person funding cap to  
623 address the needs of clients with developmental disabilities as  
624 they transition into adulthood and achieve greater independence  
625 throughout their lifetimes.

626       (b) The program is created to establish an additional  
627 pathway to provide necessary supports and services to clients  
628 and contain costs by maximizing the use of natural supports and  
629 community partnerships before turning to state resources to meet  
630 the needs of clients at the earliest possible time to prevent  
631 care crises and to positively influence outcomes relating to  
632 client health, safety, and well-being.

633       (c) The agency, in partnership with the Agency for Health  
634 Care Administration, may seek federal approval through a state  
635 plan amendment or Medicaid waiver as necessary to implement the  
636 program. The Agency for Health Care Administration shall submit  
637 a request for any federal approval needed to implement the  
638 program by October 1, 2025.

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(2) VOLUNTARY ENROLLMENT; ELIGIBILITY; DISENROLLMENT.—

(a) Participation in the program is voluntary and limited to the maximum number of enrollees authorized in the General Appropriations Act.

(b) The agency shall approve a needs assessment methodology to determine functional, behavioral, and physical needs of prospective enrollees. The assessment methodology may be administered only by persons who have completed any training required by the agency for such purpose. If required, the agency must offer any such training.

(c) To participate in the program, a client must meet all of the following criteria:

1. Be eligible for Medicaid.

2. Be eligible for a preenrollment category for Medicaid waiver services as provided in s. 393.065(5).

3. Be 18 to 28 years of age at the time of enrollment and have attained a high school diploma or the equivalent.

4. Meet the level of care required for home and community-based services as identified in the federal approval for the program.

(d) Enrollees may remain on the Adult Pathways waiver until the age of 32.

(e) Participation in the program does not affect the status of current clients of the home and community-based services Medicaid waiver program under s. 393.0662 unless a client, or his or her legal representative, voluntarily disenrolls from that program.

(f) Enrollees who voluntarily disenroll from the program must be allowed to return to the most appropriate preenrollment

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category for services under s. 393.065 based on a current needs assessment and the preenrollment category criteria.

(3) ADULT PATHWAYS WAIVER SERVICES.—

(a) The agency shall authorize covered services as specified in the Medicaid waiver which are medically necessary, including, but not limited to, any of the following:

1. Adult day training.
2. Companion services.
3. Employment services.
4. Personal supports.
5. Prevocational services.
6. Supported living coaching.
7. Transportation.
8. Care Coordination.

(b) Services must be provided to enrollees in accordance with an individualized care plan, which must be evaluated and updated at least annually and as often as warranted by changes in the enrollee's circumstances.

(4) PROGRAM ADMINISTRATION AND EVALUATION.—

(a) The agency shall begin enrollment upon federal approval of the Medicaid waiver, with coverage for enrollees becoming effective upon authorization and availability of sufficient state and federal funding and resources.

(b) This section and any rules adopted pursuant thereto may not be construed to prevent or limit the agency, in consultation with the Agency for Health Care Administration, from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services; limiting enrollment; or making any other adjustment necessary based upon funding and any limitations

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imposed or directions provided in the General Appropriations Act.

(c) The agency, in consultation with the Agency for Health Care Administration, shall submit progress reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives upon federal approval of the Medicaid waiver and throughout implementation of the program under the waiver. By July 1, 2026, the Agency for Persons with Disabilities shall submit a progress report on the administration of the program, including, but not limited to, all of the following:

1. The number of enrollees in the program and other pertinent information on enrollment.

2. Service use.

3. Average cost per enrollee.

4. Outcomes and performance reporting relating to health, safety, and well-being of enrollees.

Section 12. Section 393.502, Florida Statutes, is amended to read:

393.502 Family care councils.—

(1) CREATION; PURPOSE.—

(a) There is created the statewide family care council to work in consultation with the agency for purposes of advising the agency on strategies to promote and support the delivery of services and resources across the state. The statewide council shall use information provided from the local family care councils to inform the development of strategies and resources, including the promotion of peer and mentorship models, to support individuals with disabilities and their families in the

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726 state.

727 (b) There ~~is shall be~~ established and located within each  
728 agency-designated region ~~service area of the agency~~ a local  
729 family care council to collect, provide, and promote information  
730 in consultation with the statewide family care council and the  
731 agency relating to services and resources within each council's  
732 locally designated region and to act as a local network for  
733 mentorship and peer support to individuals with disabilities and  
734 their families.

735 (2) DUTIES; REPORT.—

736 (a) The statewide family care council shall use the  
737 information received from the annual reports and quarterly  
738 meetings of the local family care councils to provide an annual  
739 report to the agency due December 1, including information  
740 relating to the existing infrastructure of supports for  
741 individuals with disabilities and their families and targeted  
742 strategies in consultation with the agency for the development  
743 of existing and additional peer and mentorship models.  
744 Specifically, the plan and strategies should reference existing  
745 models established as leading practices and promote the  
746 maximization of community integration, resource identification,  
747 encouragement for others by sharing lived experiences, and  
748 increase of skills for independence through partnerships that  
749 promote volunteer, intern, and employment options.

750 (b) The local family care councils shall:

751 1. Provide an annual report to the statewide family care  
752 council by July 1 which includes information relating to locally  
753 based existing resources and supports available for individuals  
754 with disabilities and their families with an emphasis on peer

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and mentorship programs and models and direct feedback and activities provided through the local family care council's quarterly meetings which inform strategies to develop networks of supports which promote the maximization of community integration, resource identification, encouragement for others by sharing lived experiences, and increase of skills for independence through partnerships that promote volunteer opportunities, internships, and employment options.

2. Assist in promoting strategies, models, and programs that are developed as a result of findings in the statewide family care council's annual report and in consultation with the agency.

3. Provide outreach and connection for individuals with disabilities and their families to care navigation, resources and supports, and additional opportunities to connect with others with lived experiences to promote empowerment and resiliency.

(3) FUNDING; FINANCIAL REVIEW.—A local family care council may apply for, receive, and accept grants, gifts, and donations, bequests, and other payments from any public or private entity or person for the purpose of directly supporting the mentorship and peer supports program and network. Each council shall exercise care and prudence in the expenditure of funds. The statewide council and each local council are subject to an annual financial review by staff assigned by the agency. After the review, the agency may implement financial controls for a council as it deems necessary. The statewide and local councils must comply with state expenditure requirements.

(4) ~~(2)~~ MEMBERSHIP.—



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784       (a)1. Employees of the agency are not eligible to serve as  
785 voting members on either the statewide council or a local  
786 council.

787       2. Persons related by consanguinity or affinity within the  
788 third degree may not serve on the same council at the same time.

789       (b)1. The Governor shall appoint all members of the  
790 statewide council, based on recommendations of the secretary of  
791 the agency. The statewide council shall be composed of up to 11  
792 members, as follows:

793       a. At least one representative from each agency-designated  
794 region, each of whom must be a resident of the region he or she  
795 represents on the council.

796       b. At least two individuals who are receiving waiver  
797 services from the agency or are assigned to a preenrollment  
798 category for waiver services under s. 393.065.

799       c. One nonvoting member appointed by the secretary of the  
800 agency.

801       d. One representative of an entity that provides services  
802 to individuals with disabilities in this state, including, but  
803 not limited to, a private sector Florida Unique Abilities  
804 Partner designated under s. 413.801, which does not have a  
805 Medicaid waiver service contract with the agency, who shall  
806 serve as a member-at-large.

807       e. At least one member who is the parent, grandparent,  
808 guardian, or sibling of an individual with disabilities who is  
809 served by the agency. For a grandparent to serve as a member,  
810 the grandchild's parent or legal guardian must consent to the  
811 appointment in writing to the agency.

812       f. Additional members may include representatives from

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813 local community-based nonprofit organizations, faith-based  
814 organizations, schools, or programs embedded within educational  
815 systems in this state.

816 2. The council chair shall be chosen by the council members  
817 to serve a 1-year term. A person may not serve more than two  
818 consecutive terms as chair.

819 (c)-(a) Each local family care council shall be composed  
820 consist of at least 10 and no more than 15 members who are  
821 recommended by a majority vote of the local family care council  
822 and appointed by the secretary of the agency. Each local council  
823 member must reside within the agency-designated region served by  
824 the local council.

825 1. At least one member must be an individual receiving  
826 waiver services from the agency or assigned to a preenrollment  
827 category for waiver services under s. 393.065.

828 2. One member must be a representative of an entity  
829 providing services to individuals with disabilities in this  
830 state, including, but not limited to, a private sector Florida  
831 Unique Abilities Partner designated under s. 413.801, which does  
832 not have a Medicaid waiver service contract with the agency.

833 3. At least one member must be the parent, grandparent,  
834 guardian, or sibling of an individual with disabilities who is  
835 served by the agency. For a grandparent to serve as a member,  
836 the grandchild's parent or legal guardian must consent to the  
837 appointment in writing to the agency.

838 4. Additional members may include representatives of local  
839 community-based nonprofit organizations, faith-based  
840 organizations, schools, or educational programs Governor.

841 ~~(b) At least three of the members of the council shall be~~

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~~individuals receiving or waiting to receive services from the agency. One such member shall be an individual who has been receiving services within the 4 years before the date of recommendation. The remainder of the council members shall be parents, grandparents, guardians, or siblings of individuals who have developmental disabilities and qualify for services pursuant to this chapter. For a grandparent to be a council member, the grandchild's parent or legal guardian must consent to the appointment and report the consent to the agency.~~

~~(c) A person who is currently serving on another board or council of the agency may not be appointed to a local family care council.~~

~~(d) Employees of the agency are not eligible to serve on a local family care council.~~

~~(e) Persons related by consanguinity or affinity within the third degree shall not serve on the same local family care council at the same time.~~

~~5.(f) The A chair of each local for the council must shall~~  
be chosen by the council members to serve a 1-year term ~~for 1~~  
~~year~~. A person may not serve ~~no~~ more than two consecutive ~~four~~  
~~1-year~~ terms as chair.

~~(5)(3)~~ TERMS; VACANCIES.—

(a) Council members for the statewide and local councils  
shall be appointed for a 3-year term, except as provided in  
subsection (9) ~~(8)~~, and may be reappointed to one additional  
term.

(b) A member who has served two consecutive terms shall not  
be eligible to serve again until 12 months have elapsed since  
ending his or her service on the local council.

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(c) Upon expiration of a term or in the case of any other vacancy, the statewide or local council shall notify the agency of the vacancy, which must be filled in the same manner as the original appointment, ~~by majority vote, recommend to the Governor for appointment a person for each vacancy.~~

(d) Statewide council members serve at the pleasure of the Governor. Local council members serve at the pleasure of the secretary of the agency.

(6) ~~(4)~~ COMMITTEE APPOINTMENTS.—The chair of the local family care council may appoint persons to serve on council committees. Such persons may include former members of the council and persons not eligible to serve on the council.

(7) ~~(5)~~ TRAINING.—

(a) The agency, in consultation with the statewide and local councils, shall establish a training program for ~~local family care~~ council members. Each council ~~local area~~ shall provide the training program when new members ~~persons~~ are appointed to the ~~local~~ council and at other times as the secretary deems necessary.

(b) The training must ~~shall~~ assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.

(c) All members ~~persons~~ appointed to a local council must complete this training within 90 days after their appointment. A member ~~person~~ who fails to meet this requirement is ~~shall be~~ considered to have resigned from the council.

(8) ~~(6)~~ MEETINGS.—

(a) The statewide family care council and all local family care councils shall meet as necessary but at least quarterly.

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900       **(b)** Council members shall serve on a voluntary basis  
901 without compensation. However, members who were appointed on the  
902 basis of receiving waiver services from the agency or by virtue  
903 of being assigned to a preenrollment category or who are serving  
904 on the basis of being related to such a person are entitled to  
905 reimbursement ~~payment for their services but shall be reimbursed~~  
906 for per diem and travel expenses as provided for in s. 112.061.

907       **(c)** The statewide family care council and local family care  
908 councils may not conduct business in the absence of a quorum.  
909 The majority of the members of the council constitutes a quorum,  
910 and a meeting may not be held with less than a quorum present.  
911 In order to establish a quorum, the council may conduct its  
912 meetings through teleconference or other electronic means. If  
913 vacancies on a council prevent a quorum, the only business the  
914 council may conduct is the development and submission of  
915 recommendations for individuals to be appointed to the council  
916 by the secretary of the agency ~~The council shall meet at least~~  
917 ~~six times per year.~~

918       ~~(7) PURPOSE. The purpose of the local family care councils~~  
919 ~~shall be to advise the agency, to develop a plan for the~~  
920 ~~delivery of family support services within the local area, and~~  
921 ~~to monitor the implementation and effectiveness of services and~~  
922 ~~support provided under the plan. The primary functions of the~~  
923 ~~local family care councils shall be to:~~

924       ~~(a) Assist in providing information and outreach to~~  
925 ~~families.~~

926       ~~(b) Review the effectiveness of service programs and make~~  
927 ~~recommendations with respect to program implementation.~~

928       ~~(c) Advise the agency with respect to policy issues~~

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relevant to the community and family support system in the local area.

~~(d) Meet and share information with other local family care councils.~~

~~(9)(8)~~ NEW COUNCILS.—When a local family care council is established for the first time in an agency-designated region a local area, the secretary of the agency Governor shall appoint the first four council members, who shall serve 3-year terms. These members shall submit to the Governor, within 90 days after their appointment, recommendations for at least six additional members, selected by majority vote.

~~(9) FUNDING; FINANCIAL REVIEW.~~ The local family care council may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person. Each local council is subject to an annual financial review by staff assigned by the agency. Each local council shall exercise care and prudence in the expenditure of funds. The local family care councils shall comply with state expenditure requirements.

Section 13. Section 413.001, Florida Statutes, is created to read:

413.001 Legislative intent; purpose.—It is the intent of the Legislature that the Agency for Persons with Disabilities serve as the single state agency for all individuals with disabilities. The purpose of the Agency for Persons with Disabilities is to support individuals with disabilities and their families in living, learning, and working within their communities by creating multiple pathways to possibilities.

Section 14. Paragraph (b) of subsection (2) of section

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413.271, Florida Statutes, is amended to read:

413.271 Florida Coordinating Council for the Deaf and Hard of Hearing.—

(2)

(b) The coordinating council shall be composed of 17 members. The appointment of members not representing agencies must ~~shall~~ be made by the Governor. The appointment of members representing organizations must ~~shall~~ be made by the Governor in consultation with those organizations. The membership must ~~shall~~ be as follows:

1. Two members representing the Florida Association of the Deaf.

2. Two members representing the Florida Association of Self Help for Hard of Hearing People.

3. A member representing the Association of Late-Deafened Adults.

4. An individual who is deaf and blind.

5. A parent of an individual who is deaf.

6. A member representing the Deaf Service Center Association.

7. A member representing the Florida Registry of Interpreters for the Deaf.

8. A member representing the Florida chapter of the Alexander Graham Bell Association for the Deaf and Hard of Hearing.

9. A communication access real-time translator.

10. An audiologist licensed under part I of chapter 468.

11. A hearing aid specialist licensed under part II of chapter 484.

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12. The Secretary of Children and Families or his or her designee.

13. The State Surgeon General or his or her designee.

14. The Commissioner of Education or his or her designee.

15. The Secretary of Elderly Affairs or his or her designee.

16. The secretary of the Agency for Persons with Disabilities or his or her designee.

If any organization from which a representative is to be drawn ceases to exist, a representative of a similar organization must ~~shall~~ be named to the coordinating council. The Governor shall make appointments to the coordinating council and may remove any member for cause. Each member must ~~shall~~ be appointed to a term of 4 years. Any vacancy on the coordinating council must ~~shall~~ be filled in the same manner as the original appointment, and any member appointed to fill a vacancy occurring because of death, resignation, or ineligibility for membership shall serve only for the unexpired term of the member's predecessor. Before ~~Prior to~~ serving on the coordinating council, all appointees must attend orientation training that ~~shall address~~, at a minimum, addresses the requirements of the provisions of this section; the programs operated by the coordinating council; the role and functions of the coordinating council; the current budget for the coordinating council; the results of the most recent formal audit of the coordinating council; and the requirements of the state's public records law, the code of ethics, the Administrative Procedure Act, and other laws relating to public officials, including conflict-of-interest



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laws.

Section 15. Paragraph (b) of subsection (5) of section 90.6063, Florida Statutes, is amended to read:

90.6063 Interpreter services for deaf persons.—

(5) The appointing authority may channel requests for qualified interpreters through:

(b) The Division of Vocational Rehabilitation of the Agency for Persons with Disabilities ~~Department of Education~~; or

Section 16. Paragraph (a) of subsection (3) of section 110.112, Florida Statutes, is amended to read:

110.112 Affirmative action; equal employment opportunity.—

(3)(a) The department, in consultation with the Agency for Persons with Disabilities, including the Division of Vocational Rehabilitation and the Division of Blind Services within the agency ~~of the Department of Education~~, the Department of Commerce, and the Executive Office of the Governor, shall develop and implement programs that incorporate internships, mentoring, on-the-job training, unpaid work experience, situational assessments, and other innovative strategies that are specifically geared toward individuals who have a disability.

Section 17. Section 215.311, Florida Statutes, is amended to read:

215.311 State funds; exceptions.—Section 215.31 does ~~The provisions of s. 215.31 shall~~ not apply to funds collected by and under the direction and supervision of the Division of Blind Services of the Agency for Persons with Disabilities ~~Department of Education~~ as provided under ss. 413.011, 413.041, and 413.051; however, nothing in this section may ~~shall~~ be construed

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to except from ~~the provisions of~~ s. 215.31 any appropriations made by the state to the division.

Section 18. Subsection (5) of section 257.04, Florida Statutes, is amended to read:

257.04 Publications, pictures, and other documents received to constitute part of State Library; powers and duties of Division of Library and Information Services.—

(5) The division shall make all necessary arrangements to coordinate with the Division of Blind Services of the Agency for Persons with Disabilities ~~Department of Education~~ to provide library services to the blind and physically handicapped persons of the state.

Section 19. Paragraph (e) of subsection (2) and subsections (4) and (5) of section 318.21, Florida Statutes, are amended to read:

318.21 Disposition of civil penalties by county courts.—All civil penalties received by a county court pursuant to the provisions of this chapter shall be distributed and paid monthly as follows:

(2) Of the remainder:

(e) Two percent shall be remitted to the Department of Revenue for deposit in the Grants and Donations Trust Fund of the Division of Vocational Rehabilitation of the Agency for Persons with Disabilities ~~Department of Education~~.

(4) Of the additional fine assessed under s. 318.18(3)(g) for a violation of s. 316.1301, 40 percent must be remitted to the Department of Revenue for deposit in the Grants and Donations Trust Fund of the Division of Blind Services of the Agency for Persons with Disabilities ~~Department of Education~~,

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and 60 percent must be distributed pursuant to subsections (1) and (2).

(5) Of the additional fine assessed under s. 318.18(3)(g) for a violation of s. 316.1303(1), 60 percent must be remitted to the Department of Revenue for deposit in the Grants and Donations Trust Fund of the Division of Vocational Rehabilitation of the Agency for Persons with Disabilities ~~Department of Education~~, and 40 percent must be distributed pursuant to subsections (1) and (2).

Section 20. Paragraph (c) of subsection (4) of section 320.0848, Florida Statutes, is amended to read:

320.0848 Persons who have disabilities; issuance of disabled parking permits; temporary permits; permits for certain providers of transportation services to persons who have disabilities.—

(4) From the proceeds of the temporary disabled parking permit fees:

(c) The remainder must be distributed monthly as follows:

1. To be deposited in the Grants and Donations Trust Fund of the Division of Vocational Rehabilitation of the Agency for Persons with Disabilities ~~Department of Education~~ for the purpose of improving employment and training opportunities for persons who have disabilities, with special emphasis on removing transportation barriers, \$4.

2. To be deposited in the Transportation Disadvantaged Trust Fund to be used for funding matching grants to counties for the purpose of improving transportation of persons who have disabilities, \$5.

Section 21. Paragraph (i) of subsection (4) of section

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393.13, Florida Statutes, is amended to read:

393.13 Treatment of persons with developmental disabilities.—

(4) CLIENT RIGHTS.—For purposes of this subsection, the term “client,” as defined in s. 393.063, shall also include any person served in a facility licensed under s. 393.067.

(i) Each client shall have a central record. The central record shall be established by the agency at the time that an individual is determined eligible for services, shall be maintained by the client’s support coordinator, and must contain information pertaining to admission, diagnosis and treatment history, present condition, and such other information as may be required. The central record is the property of the agency.

1. Unless waived by the client, if competent, or the client’s parent or legal guardian if the client is incompetent, the client’s central record shall be confidential and exempt from the provisions of s. 119.07(1), and no part of it shall be released except:

a. The record may be released to physicians, attorneys, and government agencies having need of the record to aid the client, as designated by the client, if competent, or the client’s parent or legal guardian, if the client is incompetent.

b. The record shall be produced in response to a subpoena or released to persons authorized by order of court, excluding matters privileged by other provisions of law.

c. The record or any part thereof may be disclosed to a qualified researcher, a staff member of the facility where the client resides, or an employee of the agency when the administrator of the facility or the secretary ~~director~~ of the

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agency deems it necessary for the treatment of the client,  
maintenance of adequate records, compilation of treatment data,  
or evaluation of programs.

d. Information from the records may be used for statistical  
and research purposes if the information is abstracted in such a  
way to protect the identity of individuals.

2. The client, if competent, or the client's parent or  
legal guardian if the client is incompetent, shall be supplied  
with a copy of the client's central record upon request.

Section 22. Subsection (5) of section 394.75, Florida  
Statutes, is amended to read:

394.75 State and district substance abuse and mental health  
plans.—

(5) The district plan shall address how substance abuse and  
mental health services will be provided and how a system of care  
for target populations will be provided given the resources  
available in the service district. The plan must include  
provisions for maximizing client access to the most recently  
developed psychiatric medications approved by the United States  
Food and Drug Administration, for developing independent housing  
units through participation in the Section 811 program operated  
by the United States Department of Housing and Urban  
Development, for developing supported employment services  
through the Division of Vocational Rehabilitation of the Agency  
for Persons with Disabilities ~~Department of Education~~, for  
providing treatment services to persons with co-occurring mental  
illness and substance abuse problems which are integrated across  
treatment systems, and for providing services to adults who have  
a serious mental illness, as defined in s. 394.67, and who

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1161 reside in assisted living facilities.

1162 Section 23. Paragraph (a) of subsection (4) of section  
1163 402.56, Florida Statutes, is amended to read:

1164 402.56 Children's cabinet; organization; responsibilities;  
1165 annual report.—

1166 (4) MEMBERS.—The cabinet shall consist of 16 members  
1167 including the Governor and the following persons:

- 1168 (a)1. The Secretary of Children and Families;  
1169 2. The Secretary of Juvenile Justice;  
1170 3. The secretary ~~director~~ of the Agency for Persons with  
1171 Disabilities;  
1172 4. A representative from the Division of Early Learning;  
1173 5. The State Surgeon General;  
1174 6. The Secretary of Health Care Administration;  
1175 7. The Commissioner of Education;  
1176 8. The director of the Statewide Guardian ad Litem Office;  
1177 9. A representative of the Office of Adoption and Child  
1178 Protection;  
1179 10. A superintendent of schools, appointed by the Governor;  
1180 and  
1181 11. Five members who represent children and youth advocacy  
1182 organizations and who are not service providers, appointed by  
1183 the Governor.

1184 Section 24. Paragraph (b) of subsection (4) of section  
1185 409.9855, Florida Statutes, is amended to read:

1186 409.9855 Pilot program for individuals with developmental  
1187 disabilities.—

1188 (4) ELIGIBLE PLANS; PLAN SELECTION.—

1189 (b) The agency shall select, as provided in s. 287.057(1),

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one plan to participate in the pilot program for each of the two regions. The secretary ~~director~~ of the Agency for Persons with Disabilities or his or her designee must be a member of the negotiating team.

1. The invitation to negotiate must specify the criteria and the relative weight assigned to each criterion that will be used for determining the acceptability of submitted responses and guiding the selection of the plans with which the agency and the Agency for Persons with Disabilities negotiate. In addition to any other criteria established by the agency, in consultation with the Agency for Persons with Disabilities, the agency shall consider the following factors in the selection of eligible plans:

a. Experience serving similar populations, including the plan's record in achieving specific quality standards with similar populations.

b. Establishment of community partnerships with providers which create opportunities for reinvestment in community-based services.

c. Provision of additional benefits, particularly behavioral health services, the coordination of dental care, and other initiatives that improve overall well-being.

d. Provision of and capacity to provide mental health therapies and analysis designed to meet the needs of individuals with developmental disabilities.

e. Evidence that an eligible plan has written agreements or signed contracts or has made substantial progress in establishing relationships with providers before submitting its response.

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f. Experience in the provision of person-centered planning as described in 42 C.F.R. s. 441.301(c)(1).

g. Experience in robust provider development programs that result in increased availability of Medicaid providers to serve the developmental disabilities community.

2. After negotiations are conducted, the agency shall select the eligible plans that are determined to be responsive and provide the best value to the state. Preference must be given to plans that:

a. Have signed contracts in sufficient numbers to meet the specific standards established under s. 409.967(2)(c), including contracts for personal supports, skilled nursing, residential habilitation, adult day training, mental health services, respite care, companion services, and supported employment, as those services are defined in the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook as adopted by reference in rule 59G-13.070, Florida Administrative Code.

b. Have well-defined programs for recognizing patient-centered medical homes and providing increased compensation to recognized medical homes, as defined by the plan.

c. Have well-defined programs related to person-centered planning as described in 42 C.F.R. s. 441.301(c)(1).

d. Have robust and innovative programs for provider development and collaboration with the Agency for Persons with Disabilities.

Section 25. Subsection (2) of section 410.604, Florida Statutes, is amended to read:

410.604 Community care for disabled adults program; powers



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and duties of the department.—

(2) Any person who meets the definition of a disabled adult pursuant to s. 410.603(2) is eligible to receive the services of the community care for disabled adults program. However, the community care for disabled adults program shall operate within the funds appropriated by the Legislature. Priority shall be given to disabled adults who are not eligible for comparable services in programs of or funded by the department or the Division of Vocational Rehabilitation of the Agency for Persons with Disabilities ~~Department of Education~~; who are determined to be at risk of institutionalization; and whose income is at or below the existing institutional care program eligibility standard.

Section 26. Paragraphs (k) and (v) of subsection (3) and subsections (4) and (8) of section 413.011, Florida Statutes, are amended to read:

413.011 Division of Blind Services, legislative policy, intent; internal organizational structure and powers; Rehabilitation Council for the Blind.—

(3) DIVISION STRUCTURE AND DUTIES.—The internal organizational structure of the Division of Blind Services shall be designed for the purpose of ensuring the greatest possible efficiency and effectiveness of services to the blind and to be consistent with chapter 20. The Division of Blind Services shall plan, supervise, and carry out the following activities:

(k) Participate, through the designation of the secretary ~~director~~ or an appropriate staff member of the division, on boards, commissions, or bodies in this state for the purpose of coordinating and planning services.

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(v) Receive moneys or properties by gift or bequest from any person, firm, corporation, or organization for any of the purposes herein set out, but without authority to bind the state to any expenditure or policy except such as may be specifically authorized by law. All such moneys or properties so received by gift or bequest as herein authorized may be disbursed and expended by the division upon its own warrant for any of the purposes herein set forth, and such moneys or properties do ~~shall~~ not constitute or be considered a part of any legislative appropriation made by the state for the purpose of carrying out the provisions of this law. When determined to be in the best interest of the division, the division may lease property received pursuant to this paragraph, and the Agency for Persons with Disabilities ~~Department of Education~~ may enter into leases of property and sublease property on behalf of the division. Division and agency ~~department~~ leases and subleases may be to governmental, public, or nonprofit entities for the provision of blind, education, health, and other social service programs.

(4) DEFINITIONS.—As used in this section, the term:

(a) "Act," unless the context indicates otherwise, means the Rehabilitation Act of 1973, 29 U.S.C. ss. 701-797.

(b) "Agency" means the Agency for Persons with Disabilities.

(c) ~~(b)~~ "Blind" or "blindness" means the condition of any person for whom blindness is a disability as defined by the Rehabilitation Act of 1973, 29 U.S.C. s. 706(8)(b).

~~(c) "Department" means the Department of Education.~~

(8) REHABILITATION COUNCIL FOR THE BLIND.—There is created in the agency ~~department~~ the Rehabilitation Council for the

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Blind, which is an advisory council as defined in s. 20.03, to assist the division in the planning and development of statewide vocational rehabilitation programs and services pursuant to the Rehabilitation Act of 1973, as amended, to recommend improvements to such programs and services, and to perform the functions provided in this section.

(a) The advisory council shall be composed of:

1. At least one representative of the Independent Living Council, which representative may be the chair or other designee of the council;

2. At least one representative of a parent training and information center established pursuant to s. 631(c)(9) of the Individuals with Disabilities Act, 20 U.S.C. s. 1431(c)(9);

3. At least one representative of the client assistance program established under the act;

4. At least one vocational rehabilitation counselor who has knowledge of and experience in vocational rehabilitation services for the blind, who shall serve as an ex officio nonvoting member of the council if the counselor is an employee of the agency ~~department~~;

5. At least one representative of community rehabilitation program service providers;

6. Four representatives of business, industry, and labor;

7. At least one representative of a disability advocacy group representing individuals who are blind;

8. At least one parent, family member, guardian, advocate, or authorized representative of an individual who is blind, has multiple disabilities, and either has difficulties representing himself or herself or is unable, due to disabilities, to

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1335 represent himself or herself;

1336 9. Current or former applicants for, or recipients of,  
1337 vocational rehabilitation services; and

1338 10. The director of the division, who shall be an ex  
1339 officio member of the council.

1340 (b) Members of the council shall be appointed by the  
1341 Governor, who shall select members after soliciting  
1342 recommendations from representatives of organizations  
1343 representing a broad range of individuals who have disabilities,  
1344 and organizations interested in those individuals.

1345 (c) A majority of council members shall be persons who are:

1346 1. Blind; and

1347 2. Not employed by the division.

1348 (d) The council shall select a chair from among its  
1349 membership.

1350 (e) Each member of the council shall serve for a term of  
1351 not more than 3 years, except that:

1352 1. A member appointed to fill a vacancy occurring prior to  
1353 the expiration of the term for which a predecessor was appointed  
1354 shall be appointed for the remainder of such term; and

1355 2. The terms of service of the members initially appointed  
1356 shall be, as specified by the Governor, for such fewer number of  
1357 years as will provide for the expiration of terms on a staggered  
1358 basis.

1359 (f) A member of the council may not serve more than two  
1360 consecutive full terms.

1361 (g) Any vacancy occurring in the membership of the council  
1362 shall be filled in the same manner as the original appointment.  
1363 A vacancy does not affect the power of the remaining members to

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1364 execute the duties of the council.

1365 (h) In addition to the other functions specified in this  
1366 section, the council shall:

1367 1. Review, analyze, and advise the division regarding the  
1368 performance of the responsibilities of the division under Title  
1369 I of the act, particularly responsibilities relating to:

1370 a. Eligibility, including order of selection;

1371 b. The extent, scope, and effectiveness of services  
1372 provided; and

1373 c. Functions performed by state agencies that affect or  
1374 potentially affect the ability of individuals who are blind to  
1375 achieve rehabilitation goals and objectives under Title I.

1376 2. Advise the agency ~~department~~ and the division, and, at  
1377 the discretion of the agency ~~department~~ or division, assist in  
1378 the preparation of applications, the state plan, the strategic  
1379 plan, and amendments to the plans, reports, needs assessments,  
1380 and evaluations required by Title I.

1381 3. To the extent feasible, conduct a review and analysis of  
1382 the effectiveness of, and consumer satisfaction with:

1383 a. The functions performed by state agencies and other  
1384 public and private entities responsible for performing functions  
1385 for individuals who are blind.

1386 b. Vocational rehabilitation services:

1387 (I) Provided or paid for from funds made available under  
1388 the act or through other public or private sources.

1389 (II) Provided by state agencies and other public and  
1390 private entities responsible for providing vocational  
1391 rehabilitation services to individuals who are blind.

1392 4. Prepare and submit an annual report on the status of

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1393 vocational rehabilitation services for the blind in the state to  
1394 the Governor and the Commissioner of the Rehabilitative Services  
1395 Administration, established under s. 702 of the act, and make  
1396 the report available to the public.

1397 5. Coordinate with other councils within the state,  
1398 including the Independent Living Council, the advisory panel  
1399 established under s. 613(a)(12) of the Individuals with  
1400 Disabilities Education Act, 20 U.S.C. 1413(a)(12), the State  
1401 Planning Council described in s. 124 of the Developmental  
1402 Disabilities Assistance and Bill of Rights Act, 42 U.S.C. s.  
1403 6024, and the state mental health planning council established  
1404 under s. 1916(e) of the Public Health Service Act, 42 U.S.C.  
1405 300X-4(e).

1406 6. Advise the agency ~~department~~ and division and provide  
1407 for coordination and the establishment of working relationships  
1408 among the agency ~~department~~, the division, the Independent  
1409 Living Council, and centers for independent living in the state.

1410 7. Perform such other functions consistent with the  
1411 purposes of the act as the council determines to be appropriate  
1412 that are comparable to functions performed by the council.

1413 (i)1. The council shall prepare, in conjunction with the  
1414 division, a plan for the provision of such resources, including  
1415 such staff and other personnel, as may be necessary to carry out  
1416 the functions of the council. The resource plan shall, to the  
1417 maximum extent possible, rely on the use of resources in  
1418 existence during the period of implementation of the plan.

1419 2. If there is a disagreement between the council and the  
1420 division in regard to the resources necessary to carry out the  
1421 functions of the council as set forth in this section, the

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disagreement shall be resolved by the Governor.

3. The council shall, consistent with law, supervise and evaluate such staff and other personnel as may be necessary to carry out its functions.

4. While assisting the council in carrying out its duties, staff and other personnel may ~~shall~~ not be assigned duties by the division or any other state agency or office that would create a conflict of interest.

(j) A council member may not cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest under state law.

(k) The council shall convene at least four meetings each year. These meetings shall occur in such places as the council deems necessary to conduct council business. The council may conduct such forums or hearings as the council considers appropriate. The meetings, hearings, and forums shall be publicly announced. The meetings shall be open and accessible to the public. The council shall make a report of each meeting which shall include a record of its discussions and recommendations, all of which reports shall be made available to the public.

Section 27. Subsection (3) of section 413.0111, Florida Statutes, is amended to read:

413.0111 Blind services direct-support organization.—

(3) The purposes and objectives of the direct-support organization must be consistent with the priority issues and objectives of the Agency for Persons with Disabilities ~~Department of Education~~ and must be in the best interests of the

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state, though the Division of Blind Services may permit, without charge, the appropriate use of property and facilities of the state by the direct-support organization subject to this section. Such use must be directly in keeping with the approved purposes of the direct-support organization.

Section 28. Subsection (2) of section 413.033, Florida Statutes, is amended to read:

413.033 Definitions.—As used in ss. 413.032-413.037:

(2) "Other severely handicapped" and "severely handicapped individuals" mean an individual or class of individuals under a physical or mental disability other than blindness, which, according to criteria established by the Agency for Persons with Disabilities ~~department~~, after consultation with appropriate entities of the state and taking into account the views of nongovernmental entities representing the handicapped, constitutes a substantial handicap to employment and is of such a nature as to prevent the individual under such disability from currently engaging in normal competitive employment.

Section 29. Section 413.035, Florida Statutes, is amended to read:

413.035 Duties and powers of the Agency for Persons with Disabilities ~~department~~.—

(1) It ~~is shall be~~ the duty of the Agency for Persons with Disabilities ~~department~~ to determine the market price of all products and services offered for sale to the various agencies of the state by any qualified nonprofit agency for the blind or other severely handicapped. The price shall recover for the nonprofit agency the cost of raw materials, labor, overhead, and delivery, but without profit, and shall be revised from time to



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time in accordance with changing cost factors. The Agency for Persons with Disabilities ~~department~~ shall adopt ~~make~~ such rules and regulations regarding specifications, time of delivery, and assignment of products and services to be supplied by nonprofit agencies for the blind or by agencies for the other severely handicapped, with priority for assignment of products to agencies for the blind, authorization of a central nonprofit agency to facilitate the allocation of orders among qualified nonprofit agencies for the blind, authorization of a central nonprofit agency to facilitate the allocation of orders among qualified nonprofit agencies for other severely handicapped, and other relevant matters of procedure as shall be necessary to carry out the purposes of this act. The Agency for Persons with Disabilities ~~department~~ shall authorize the purchase of products and services elsewhere when requisitions cannot reasonably be complied with through the nonprofit agencies for the blind and other severely handicapped.

(2) The Agency for Persons with Disabilities ~~department~~ shall establish and publish a list of products and services provided by any qualified nonprofit agency for the blind and any nonprofit agency for the other severely handicapped, which the Agency for Persons with Disabilities ~~department~~ determines are suitable for procurement by agencies of the state pursuant to this act. This procurement list and revision thereof shall be distributed to all purchasing officers of the state and its political subdivisions. All products offered for purchase to a state agency by a qualified nonprofit agency shall have significant value added by blind or severely handicapped persons, as determined by the Agency for Persons with

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1509 Disabilities ~~department~~.

1510 Section 30. Subsections (1) and (4) of section 413.036,  
1511 Florida Statutes, are amended to read:

1512 413.036 Procurement of services by agencies; authority of  
1513 Agency for Persons with Disabilities ~~department~~.—

1514 (1) If any agency intends to procure any product or service  
1515 on the procurement list, that agency shall, in accordance with  
1516 rules and regulations of the Agency for Persons with  
1517 Disabilities ~~department~~, procure such product or service at the  
1518 price established by the Agency for Persons with Disabilities  
1519 ~~department~~ from a qualified nonprofit agency for the blind or  
1520 for the other severely handicapped if the product or service is  
1521 available within a reasonable delivery time. This act shall not  
1522 apply in any case in which products or services are available  
1523 for procurement from any agency of the state and procurement  
1524 therefrom is required under the provision of any law currently  
1525 in effect. However, this act shall have precedence over any law  
1526 requiring state agency procurement of products or services from  
1527 any other nonprofit corporation unless such precedence is waived  
1528 by the Agency for Persons with Disabilities ~~department~~ in  
1529 accordance with its rules.

1530 (4) A ~~No~~ similar product or service of comparable price and  
1531 quality found necessary for use by any state agency may not be  
1532 purchased from any source other than the nonprofit agency for  
1533 the blind or for the severely handicapped if the nonprofit  
1534 agency certifies that the product is manufactured or supplied  
1535 by, or the service is provided by, the blind or the severely  
1536 handicapped and the product or service meets the comparable  
1537 performance specifications and comparable price and quality

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requirements as determined by the Agency for Persons with Disabilities ~~department~~ or an agency. The purchasing authority of any such state agency may make reasonable determinations of need, price, and quality with reference to products or services available from the nonprofit agency.

Section 31. Subsections (1) and (2) of section 413.037, Florida Statutes, are amended to read:

413.037 Cooperation with Agency for Persons with Disabilities ~~department~~ required; duties of state agencies.—

(1) In furtherance of the purposes of this act and in order to contribute to the economy of state government, it is the intent of the Legislature that there be close cooperation between the Agency for Persons with Disabilities ~~department~~ and any agency of the state from which procurement of products or services is required under the provision of any law currently in effect. The Agency for Persons with Disabilities ~~department~~ and any such agency of the state are authorized to enter into such contractual agreements, cooperative working relationships, or other arrangements as may be determined to be necessary for effective coordination and efficient realization of the objectives of this act and any other law requiring procurement of products or services from any agency of the state.

(2) The Agency for Persons with Disabilities ~~department~~ may secure directly from any agency of the state information necessary to enable it to carry out this act. Upon request of the Agency for Persons with Disabilities ~~department~~, the head of the agency shall furnish such information to the Agency for Persons with Disabilities ~~department~~.

Section 32. Paragraph (a) of subsection (2) and subsection

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(3) of section 413.051, Florida Statutes, are amended to read:

413.051 Eligible blind persons; operation of vending stands.—

(2) As used in this section, the term:

(a) "Blind licensee" means any blind person trained and licensed by the Division of Blind Services of the Agency for Persons with Disabilities ~~Department of Education~~ to operate a vending stand.

(3) Blind licensees must ~~shall~~ be given the first opportunity to participate in the operation of vending stands on all state properties acquired after July 1, 1979, when such facilities are operated under the supervision of the Division of Blind Services of the Agency for Persons with Disabilities ~~Department of Education~~.

Section 33. Subsection (1) of section 413.091, Florida Statutes, is amended to read:

413.091 Identification cards.—

(1) The Division of Blind Services of the Agency for Persons with Disabilities ~~Department of Education~~ shall issue identification cards to persons known to be blind or partially sighted, upon the written request of such individual.

Section 34. Subsection (1) of section 413.092, Florida Statutes, is amended to read:

413.092 Blind Babies Program.—

(1) The Blind Babies Program is created within the Division of Blind Services of the Agency for Persons with Disabilities ~~Department of Education~~ to provide community-based early-intervention education to children from birth through 5 years of age who are blind or visually impaired, and to their parents,

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families, and caregivers, through community-based provider organizations. The division shall enlist parents, ophthalmologists, pediatricians, schools, the Early Steps Program, and therapists to help identify and enroll blind and visually impaired children, as well as their parents, families, and caregivers, in these educational programs.

Section 35. Present subsections (3), (4), and (5) of section 413.20, Florida Statutes, are redesignated as subsections (4), (5), and (6), respectively, a new subsection (3) is added to that section, and present subsection (6) and subsections (8) and (10) of that section are amended, to read:

413.20 Definitions.—As used in this part, the term:

(3) "Agency" means Agency for Persons with Disabilities.

~~(6) "Department" means the Department of Education.~~

(8) "Division" means the Division of Vocational Rehabilitation of the agency ~~Department of Education~~.

(10) "Extended services" means one or more ongoing support services and other appropriate services needed to support and maintain a person who has a most significant disability in supported employment and to assist an eligible person in maintaining integrated and competitive employment. Extended services are based upon a determination of the needs of the eligible person as specified in the person's individualized plan for employment and are provided by a state agency, a nonprofit private organization, an employer, or any other appropriate resource after the person has made the transition from support provided by the agency ~~department~~.

Section 36. Section 413.201, Florida Statutes, is amended to read:

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1625 413.201 Designated state agency.—Effective on the effective  
1626 date of this act, for the purposes of effecting compliance with  
1627 the Vocational Rehabilitation Act of 1973, as amended, the  
1628 agency ~~Department of Education~~ is designated the official state  
1629 agency.

1630 Section 37. Section 413.203, Florida Statutes, is amended  
1631 to read:

1632 413.203 Conflict of laws.—It is the intent of the  
1633 Legislature that the provisions of this part not conflict with  
1634 any federal statute or implementing regulation governing federal  
1635 grant-in-aid programs administered by the Division of Vocational  
1636 Rehabilitation. Wherever such a conflict is asserted by the  
1637 applicable agency of the Federal Government, the agency  
1638 ~~Department of Education~~ shall submit to the United States  
1639 Department of Education, or other applicable federal agency, a  
1640 request for a favorable policy interpretation of the conflicting  
1641 portions.

1642 Section 38. Subsection (6) of section 413.402, Florida  
1643 Statutes, is amended to read:

1644 413.402 James Patrick Memorial Work Incentive Personal  
1645 Attendant Services and Employment Assistance Program.—The  
1646 Florida Association of Centers for Independent Living shall  
1647 administer the James Patrick Memorial Work Incentive Personal  
1648 Attendant Services and Employment Assistance Program.

1649 (6) The James Patrick Memorial Work Incentive Personal  
1650 Attendant Services and Employment Assistance Program Oversight  
1651 Council is created adjunct to the agency ~~Department of Education~~  
1652 for the purpose of providing program recommendations,  
1653 recommending the maximum monthly reimbursement available to

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program participants, advising the Florida Association of Centers for Independent Living on policies and procedures, and recommending the program's annual operating budget for activities of the association associated with operations, administration, and oversight. The oversight council shall also advise on and recommend the schedule of eligible services for which program participants may be reimbursed subject to the requirements and limitations of paragraph (3)(c) which, at a minimum, must include personal care attendant services. The oversight council shall advise and make its recommendations under this section to the board of directors of the association. The oversight council is not subject to the control of or direction by the agency ~~department~~, and the agency ~~department~~ is not responsible for providing staff support or paying any expenses incurred by the oversight council in the performance of its duties.

(a) The oversight council consists of the following members:

1. The director of the division or his or her designee;
2. A human resources professional or an individual who has significant experience managing and operating a business based in this state, recommended by the Florida Chamber of Commerce and appointed by the Governor;
3. A financial management professional, appointed by the Governor;
4. A program participant, appointed by the Secretary of Health or his or her designee;
5. The director of the advisory council on brain and spinal cord injuries or his or her designee;

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6. The director of the Florida Endowment Foundation for Vocational Rehabilitation or his or her designee; and

7. The director of the Florida Association of Centers for Independent Living or his or her designee.

(b) The appointed members shall serve for a term concurrent with the term of the official who made the appointment and shall serve at the pleasure of such official.

(c) By February 1 of each year, the oversight council shall submit a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the secretary of the agency ~~Commissioner of Education~~ which summarizes the performance of the program.

Section 39. Paragraph (d) of subsection (1), subsection (2), and paragraphs (c) and (g) of subsection (9) of section 413.405, Florida Statutes, are amended to read:

413.405 Florida Rehabilitation Council.—There is created the Florida Rehabilitation Council to assist the division in the planning and development of statewide rehabilitation programs and services, to recommend improvements to such programs and services, and to perform the functions listed in this section.

(1) The council shall be composed of:

(d) At least one qualified vocational rehabilitation counselor who has knowledge of and experience in vocational rehabilitation programs, who shall serve as an ex officio, nonvoting member of the council if the counselor is an employee of the agency ~~department~~.

(2) Employees of the agency ~~department~~ may serve only as nonvoting members of the council.

(9) In addition to the other functions specified in this



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section, the council shall, after consulting with the state board as defined in s. 445.002:

(c) Advise the agency ~~department~~ and the division and assist in the preparation of the state plan and amendments to the plan, applications, reports, needs assessments, and evaluations required by Title I.

(g) Advise the agency ~~department~~ and division and provide for coordination and the establishment of working relationships among the agency ~~department~~, the division, the Florida Independent Living Council, and centers for independent living in the state.

Section 40. Paragraphs (a) and (b) of subsection (1) and paragraph (a) of subsection (2) of section 413.407, Florida Statutes, are amended to read:

413.407 Assistive Technology Advisory Council.—There is created the Assistive Technology Advisory Council, responsible for ensuring consumer involvement in the creation, application, and distribution of technology-related assistance to and for persons who have disabilities. The council shall fulfill its responsibilities through statewide policy development, state and federal legislative initiatives, advocacy at the state and federal levels, planning of statewide resource allocations, policy-level management, and reviews of consumer responsiveness and the adequacy of program service delivery and by performing the functions listed in this section.

(1)(a) The council shall be composed of:

1. Persons who have disabilities and who are assistive technology consumers or family members or guardians of those persons.

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1741 2. A representative of a consumer organization concerned  
1742 with assistive technology.

1743 3. A representative of business and industry, including the  
1744 insurance industry, concerned with assistive technology.

1745 4. A representative of the Division of Vocational  
1746 Rehabilitation.

1747 5. A representative of the Division of Blind Services.

1748 6. A representative of a center for independent living.

1749 7. A representative of CareerSource Florida, Inc.

1750 8. A representative of the agency ~~Department of Education~~.

1751 9. A representative of any other state agency that provides  
1752 or coordinates services for persons with disabilities, if  
1753 requested by a majority vote of the council members.

1754 (b) Members of the council shall be appointed by the  
1755 secretary of the agency ~~Commissioner of Education~~ from a list of  
1756 candidates proposed by the division director. However, a member  
1757 who is a representative of a state agency shall be appointed by  
1758 the head of that state agency.

1759 (2) In addition to the other functions specified in this  
1760 section, the council shall:

1761 (a) Act as the board of directors of a not-for-profit  
1762 corporation created by the division. Through the corporation,  
1763 the council shall provide direction to the Florida Alliance for  
1764 Assistive Services and Technology, a project sponsored by the  
1765 agency ~~department~~ for the coordination and delivery of  
1766 appropriate, cost-effective, state-of-the-art assistive  
1767 technology services and devices.

1768 Section 41. Subsection (1) of section 413.445, Florida  
1769 Statutes, is amended to read:

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1770 413.445 Recovery of third-party payments for vocational  
1771 rehabilitation and related services.—

1772 (1) As used in this section, "vocational rehabilitation and  
1773 related services" means any services that are provided or paid  
1774 for by the Division of Vocational Rehabilitation of the agency  
1775 ~~Department of Education~~.

1776 Section 42. Subsection (2), paragraph (a) of subsection  
1777 (4), subsection (5), paragraph (a) of subsection (8), and  
1778 subsection (12) of section 413.615, Florida Statutes, are  
1779 amended to read:

1780 413.615 Florida Endowment for Vocational Rehabilitation.—

1781 (2) DEFINITIONS.—For the purposes of this section:

1782 (a) "Board" means the board of directors of the Florida  
1783 Endowment Foundation for the Division of Vocational  
1784 Rehabilitation within the agency ~~Department of Education~~.

1785 (b) "Endowment fund" means an account established within  
1786 the Florida Endowment Foundation for the Division of Vocational  
1787 Rehabilitation within the agency ~~Department of Education~~ to  
1788 provide a continuing and growing source of revenue for  
1789 vocational rehabilitation efforts.

1790 (c) "Foundation" means the Florida Endowment Foundation for  
1791 the Division of Vocational Rehabilitation within the agency  
1792 ~~Department of Education~~.

1793 (d) "Operating account" means an account established under  
1794 paragraph (4)(c) to carry out the purposes provided in  
1795 subsection (10).

1796 (4) REVENUE FOR THE ENDOWMENT FUND.—

1797 (a) The endowment fund of the Florida Endowment for the  
1798 Division of Vocational Rehabilitation within the agency

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~~Department of Education~~ is created as a long-term, stable, and growing source of revenue to be administered, in accordance with rules adopted ~~promulgated~~ by the division, by the foundation as a direct-support organization of the Division of Vocational Rehabilitation within the agency ~~Department of Education~~.

(5) THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION.—The Florida Endowment Foundation for Vocational Rehabilitation is hereby created as a direct-support organization of the Division of Vocational Rehabilitation within the agency ~~Department of Education~~, to encourage public and private support to enhance vocational rehabilitation and employment of citizens who are disabled. As a direct-support organization, the foundation shall operate under contract with the division and shall:

(a) Be a Florida corporation not for profit incorporated under the provisions of chapter 617 and approved by the Department of State.

(b) Be organized and operated exclusively to raise funds; to submit requests and receive grants from the Federal Government, the state, private foundations, and individuals; to receive, hold, and administer property; and to make expenditures to or for the benefit of the rehabilitation programs approved by the board of directors of the foundation.

(c) Be approved by the division to be operating for the benefit and best interest of the state.

(8) BOARD OF DIRECTORS.—The foundation shall be administered by a board of directors, as follows:

(a) *Membership*.—The board of directors shall consist of the director of the Division of Vocational Rehabilitation within the

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1828 agency ~~Department of Education~~, or his or her designee, who  
1829 shall serve as an ex officio member, and nine other members who  
1830 have an interest in service to persons with disabilities and  
1831 who:

1832 1. Have skills in foundation work or other fundraising  
1833 activities, financial consulting, or investment banking or other  
1834 related experience; or

1835 2. Have experience in policymaking or management-level  
1836 positions or have otherwise distinguished themselves in the  
1837 field of business, industry, or rehabilitation.

1838  
1839 Disabled individuals who meet the above criteria shall be given  
1840 special consideration for appointment.

1841 (12) ANNUAL REPORT.—The board shall issue a report to the  
1842 Governor, the President of the Senate, the Speaker of the House  
1843 of Representatives, and the secretary of the agency ~~Commissioner~~  
1844 ~~of Education~~ by December 30 each year summarizing the  
1845 performance of the endowment fund for the previous fiscal year,  
1846 summarizing the foundation's fundraising activities and  
1847 performance, and detailing those activities and programs  
1848 supported by the endowment principal or earnings on the  
1849 endowment principal and those activities and programs supported  
1850 by private sources, bequests, gifts, grants, donations, and  
1851 other valued goods and services received. The report must ~~shall~~  
1852 also include:

1853 (a) Financial data, by service type, including expenditures  
1854 for administration and the provision of services.

1855 (b) The amount of funds spent on administrative expenses  
1856 and fundraising and the amount of funds raised from private

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sources.

(c) Outcome data, including the number of individuals served and employment outcomes.

Section 43. Paragraphs (a) and (b) of subsection (4) of section 413.80, Florida Statutes, are amended to read:

413.80 Employment First Act.—

(4) INTERAGENCY COOPERATIVE AGREEMENT.—The following state agencies and organizations, and others, as appropriate, shall develop an interagency cooperative agreement to implement this act:

(a) The Division of Vocational Rehabilitation within ~~of~~ the Agency for Persons with Disabilities ~~Department of Education~~.

(b) The Division of Blind Services within ~~of~~ the Agency for Persons with Disabilities ~~Department of Education~~.

Section 44. Subsection (1) of section 413.801, Florida Statutes, is amended to read:

413.801 Florida Unique Abilities Partner Program.—

(1) CREATION AND PURPOSE.—The Agency for Persons with Disabilities shall establish the Florida Unique Abilities Partner Program to designate a business entity as a Florida Unique Abilities Partner if the business entity demonstrates commitment, through employment or support, to the independence of individuals who have a disability. The agency shall consult with the Department of Commerce, ~~the Division of Vocational Rehabilitation of the Department of Education, the Division of Blind Services of the Department of Education,~~ and CareerSource Florida, Inc., in creating the program.

Section 45. Paragraph (b) of subsection (1) of section 427.012, Florida Statutes, is amended, and paragraph (g) is

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added to that subsection, to read:

427.012 The Commission for the Transportation Disadvantaged.—There is created the Commission for the Transportation Disadvantaged in the Department of Transportation.

(1) The commission shall be composed of 11 members, all of whom shall be appointed by the Governor, in accordance with the requirements of s. 20.052, as follows:

(b) The secretary ~~director~~ of the Agency for Persons with Disabilities or his or her designee.

(g) The Secretary of Transportation, the Secretary of Children and Families, the Secretary of Commerce, the executive director of the Department of Veterans' Affairs, the Secretary of Elderly Affairs, the Secretary of Health Care Administration, the secretary of the Agency for Persons with Disabilities, and a county manager or administrator who is appointed by the Governor, or a senior management-level representative of each, shall serve as ex officio, nonvoting advisors to the commission.

Section 46. Paragraph (b) of subsection (6) of section 943.0585, Florida Statutes, is amended to read:

943.0585 Court-ordered expunction of criminal history records.—

(6) EFFECT OF EXPUNCTION ORDER.—

(b) The person who is the subject of a criminal history record that is expunged under this section or under other provisions of law, including former ss. 893.14, 901.33, and 943.058, may lawfully deny or fail to acknowledge the arrests covered by the expunged record, except when the subject of the record:

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- 1915           1. Is a candidate for employment with a criminal justice  
1916 agency;
- 1917           2. Is a defendant in a criminal prosecution;
- 1918           3. Concurrently or subsequently petitions for relief under  
1919 this section, s. 943.0583, or s. 943.059;
- 1920           4. Is a candidate for admission to The Florida Bar;
- 1921           5. Is seeking to be employed or licensed by or to contract  
1922 with the Department of Children and Families, the Division of  
1923 Vocational Rehabilitation within the Agency for Persons with  
1924 Disabilities ~~Department of Education~~, the Agency for Health Care  
1925 Administration, the Agency for Persons with Disabilities, the  
1926 Department of Health, the Department of Elderly Affairs, or the  
1927 Department of Juvenile Justice or to be employed or used by such  
1928 contractor or licensee in a sensitive position having direct  
1929 contact with children, the disabled, or the elderly;
- 1930           6.a. Is seeking to be employed or licensed by, or contract  
1931 with, the Department of Education, any district unit under s.  
1932 1001.30, any special district unit under s. 1011.24, the Florida  
1933 School for the Deaf and the Blind under s. 1002.36, the Florida  
1934 Virtual School under s. 1002.37, any virtual instruction program  
1935 under s. 1002.45, any charter school under s. 1002.33, any hope  
1936 operator under s. 1002.333, any alternative school under s.  
1937 1008.341, any private or parochial school, or any local  
1938 governmental entity that licenses child care facilities;
- 1939           b. Is seeking to be employed or used by a contractor or  
1940 licensee under sub-subparagraph a.; or
- 1941           c. Is a person screened under s. 1012.467;
- 1942           7. Is seeking to be licensed by the Division of Insurance  
1943 Agent and Agency Services within the Department of Financial



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Services; or

8. Is seeking to be appointed as a guardian pursuant to s. 744.3125.

Section 47. Paragraph (b) of subsection (6) of section 943.059, Florida Statutes, is amended to read:

943.059 Court-ordered sealing of criminal history records.—

(6) EFFECT OF ORDER.—

(b) The subject of the criminal history record sealed under this section or under other provisions of law, including former ss. 893.14, 901.33, and 943.058, may lawfully deny or fail to acknowledge the arrests covered by the sealed record, except when the subject of the record:

1. Is a candidate for employment with a criminal justice agency;

2. Is a defendant in a criminal prosecution;

3. Concurrently or subsequently petitions for relief under this section, s. 943.0583, or s. 943.0585;

4. Is a candidate for admission to The Florida Bar;

5. Is seeking to be employed or licensed by or to contract with the Department of Children and Families, the Division of Vocational Rehabilitation within the Agency for Persons with Disabilities ~~Department of Education~~, the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Health, the Department of Elderly Affairs, or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, the disabled, or the elderly;

6.a. Is seeking to be employed or licensed by, or contract with, the Department of Education, a district unit under s.

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1001.30, a special district unit under s. 1011.24, the Florida School for the Deaf and the Blind under s. 1002.36, the Florida Virtual School under s. 1002.37, a virtual instruction program under s. 1002.45, a charter school under s. 1002.33, a hope operator under s. 1002.333, an alternative school under s. 1008.341, a private or parochial school, or a local governmental entity that licenses child care facilities;

b. Is seeking to be employed or used by a contractor or licensee under sub-subparagraph a.; or

c. Is a person screened under s. 1012.467;

7. Is attempting to purchase a firearm from a licensed importer, licensed manufacturer, or licensed dealer and is subject to a criminal history check under state or federal law;

8. Is seeking to be licensed by the Division of Insurance Agent and Agency Services within the Department of Financial Services;

9. Is seeking to be appointed as a guardian pursuant to s. 744.3125; or

10. Is seeking to be licensed by the Bureau of License Issuance of the Division of Licensing within the Department of Agriculture and Consumer Services to carry a concealed weapon or concealed firearm. This subparagraph applies only in the determination of an applicant's eligibility under s. 790.06.

Section 48. Paragraph (e) of subsection (2) of section 1002.394, Florida Statutes, is amended to read:

1002.394 The Family Empowerment Scholarship Program.—

(2) DEFINITIONS.—As used in this section, the term:

(e) "Disability" means, for a 3- or 4-year-old child or for a student in kindergarten to grade 12, autism spectrum disorder,

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as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association; cerebral palsy, as defined in s. 393.063; Down syndrome, as defined in s. 393.063; an intellectual disability, as defined in s. 393.063; a speech impairment; a language impairment; an orthopedic impairment; any other health impairment; an emotional or a behavioral disability; a specific learning disability, including, but not limited to, dyslexia, dyscalculia, or developmental aphasia; Phelan-McDermid syndrome, as defined in s. 393.063; Prader-Willi syndrome, as defined in s. 393.063; spina bifida, as defined in s. 393.063; being a high-risk child, as defined in s. 393.063(23)(a) ~~s. 393.063(22)(a)~~; muscular dystrophy; Williams syndrome; rare diseases which affect patient populations of fewer than 200,000 individuals in the United States, as defined by the National Organization for Rare Disorders; anaphylaxis; a hearing impairment, including deafness; a visual impairment, including blindness; traumatic brain injury; hospital or homebound; or identification as dual sensory impaired, as defined by rules of the State Board of Education and evidenced by reports from local school districts. The term "hospital or homebound" includes a student who has a medically diagnosed physical or psychiatric condition or illness, as defined by the state board in rule, and who is confined to the home or hospital for more than 6 months.

Section 49. Present subsection (3) of section 1003.575, Florida Statutes, is redesignated as subsection (4), a new subsection (3) is added to that section, and subsection (2) of that section is amended, to read:

1003.575 Assistive technology devices; findings;

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interagency agreements.—Accessibility, utilization, and coordination of appropriate assistive technology devices and services are essential as a young person with disabilities moves from early intervention to preschool, from preschool to school, from one school to another, from school to employment or independent living, and from school to home and community. If an individual education plan team makes a recommendation in accordance with State Board of Education rule for a student with a disability, as defined in s. 1003.01(9), to receive an assistive technology assessment, that assessment must be completed within 60 school days after the team's recommendation. To ensure that an assistive technology device issued to a young person as part of his or her individualized family support plan, individual support plan, individualized plan for employment, or individual education plan remains with the individual through such transitions, the following agencies shall enter into interagency agreements, as appropriate, to ensure the transaction of assistive technology devices:

(2) ~~The Division of Blind Services, the Bureau of Exceptional Education and Student Services, and the Office of Independent Education and Parental Choice, and the Division of Vocational Rehabilitation~~ of the Department of Education.

(3) The Division of Blind Services and the Division of Vocational Rehabilitation of the Agency for Persons with Disabilities.

Interagency agreements entered into pursuant to this section shall provide a framework for ensuring that young persons with disabilities and their families, educators, and employers are

6-00679A-25

20251050\_\_

informed about the utilization and coordination of assistive technology devices and services that may assist in meeting transition needs, and shall establish a mechanism by which a young person or his or her parent may request that an assistive technology device remain with the young person as he or she moves through the continuum from home to school to postschool.

Section 50. Paragraph (c) of subsection (4) of section 1004.6495, Florida Statutes, is amended to read:

1004.6495 Florida Postsecondary Comprehensive Transition Program and Florida Center for Students with Unique Abilities.—

(4) STUDENT ELIGIBILITY.—To be eligible to enroll in an FPCTP at an eligible institution, a student must, as determined by the institution, based on guidelines established by the center:

(c) Submit to the eligible institution documentation regarding his or her intellectual disability. Such documentation may include, but need not be limited to, a current individualized plan for employment associated with a review completed pursuant to s. 413.20 ~~s. 413.20(3)~~ or a diagnosis from a physician who is licensed under chapter 458 or chapter 459 or a psychologist licensed under chapter 490.

Section 51. Subsection (2) of section 1012.582, Florida Statutes, is amended to read:

1012.582 Continuing education and inservice training for teaching students with developmental and emotional or behavioral disabilities.—

(2) In developing the recommendations, the commissioner shall consult with the State Surgeon General, the secretary ~~Director~~ of the Agency for Persons with Disabilities,

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representatives from the education community in the state, and  
representatives from entities that promote awareness about  
autism spectrum disorder, Down syndrome, other developmental  
disabilities, and emotional or behavioral disabilities and  
provide programs and services to persons with disabilities,  
including, but not limited to, regional autism centers pursuant  
to s. 1004.55.

Section 52. This act shall take effect July 1, 2025.

The Florida Senate

# APPEARANCE RECORD

4/1/25  
Meeting Date

SB 1050  
Bill Number or Topic

Children Family Elder Affairs  
Committee

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Ryan Chandler Phone 904-477-4750

Address 2136 Herschel St. Email chandler.support.services@gmail.com  
Street

Jax FL 32204  
City State Zip

Speaking: ☐ For ☐ Against ☒ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☐ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

**APPEARANCE RECORD**

Deliver both copies of this form to  
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4/1/25

Meeting Date

Children and Families

Committee

SB 1050

Bill Number or Topic

Amendment Barcode (if applicable)

Name Jeff Swenson

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**PLEASE CHECK ONE OF THE FOLLOWING:**

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compensation or sponsorship.

☐ I am a registered lobbyist,  
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This form is part of the public record for this meeting.

S-001 (08/10/2021)



The Florida Senate

# APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB1050

Bill Number or Topic

4/1/25

Meeting Date

DCF Elder Affairs

Committee

Amendment Barcode (if applicable)

Name

Mussa Mazaeda

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Sarasota

City

FL

State

34241

Zip

Speaking:

☐ For

☐ Against



Information

OR

Waive Speaking:

☐ In Support

☐ Against

## PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without  
compensation or sponsorship.



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representing:



I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
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While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: SB 1050

INTRODUCER: Senator Bradley

SUBJECT: Agency for Persons with Disabilities

DATE: March 31, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	<b>Pre-meeting</b>
2.			AHS	
3.			AP	

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**I. Summary:**

SB 1050 makes several changes to the organizational structure of the Agency for Persons with Disabilities (APD). The bill designates the APD as a department, rather than an agency, and clarifies the purpose and responsibilities of the APD. The bill provides for a type two transfer of the Division of Blind Services, the Division of Vocational Rehabilitation, and the Federal Rehabilitation Trust Fund from the Department of Education to the APD.

The bill requires the APD to participate in transition planning activities for children aging out of the child welfare system who are currently waiting to receive home and community-based services.

The bill establishes a statewide family care council that is required to coordinate with existing local family care councils. The bill specifies the membership appointments, reporting requirements, and responsibilities of the statewide and local family care councils.

The bill amends the membership of the Commission for the Transportation Disadvantaged to require specified members as ex officio, nonvoting advisors to the commission.

The bill amends definitions in Chapter 393, F.S. and updates cross references to reflect the substantive changes in the bill.

There is likely an indeterminate, but negative, fiscal impact to the state government. *See* Section V. Fiscal Impact Statement.

The bill has an effective date of July 1, 2025.

## II. Present Situation:

The present situation is presented in Section III under the Effect of Proposed Changes.

## III. Effect of Proposed Changes:

### Governance of the Agency for Persons with Disabilities

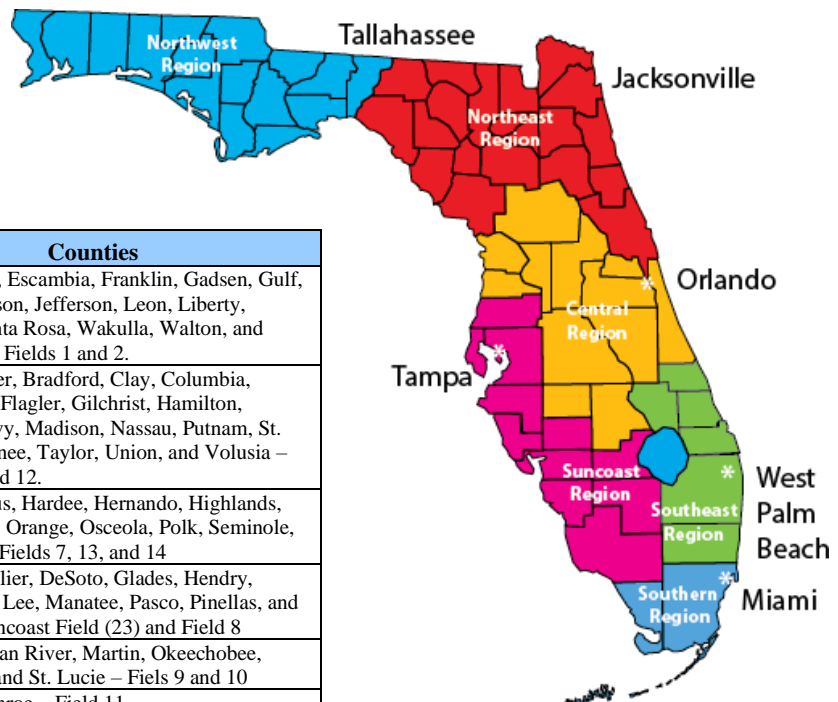
#### *Present Situation*

##### The Agency for Persons with Disabilities

Chapter 393, F.S., identifies the need to provide community-based services and programs for individuals with developmental disabilities that enable individuals to achieve their greatest potential for independent living while reducing the number of individuals in unnecessary institutional placements.<sup>1</sup>

The Agency for Persons with Disabilities (APD) provides services to individuals with developmental disabilities and manages Medicaid waivers that provide federally approved services for individuals with developmental disabilities.<sup>2</sup> In addition to central headquarters in Tallahassee, the APD operates a total of six regional offices and 14 field offices throughout the state, as detailed below:<sup>3</sup>

Regions	Counties
<b>Northwest</b>	Bay, Calhoun, Escambia, Franklin, Gadsen, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington – Fields 1 and 2.
<b>Northeast</b>	Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia – Fields 3, 4, and 12.
<b>Central</b>	Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter – Fields 7, 13, and 14
<b>Suncoast</b>	Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota – Suncoast Field (23) and Field 8
<b>Southeast</b>	Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie – Fields 9 and 10
<b>Southern</b>	Dade and Monroe – Field 11



<sup>1</sup> Section 393.062, F.S.

<sup>2</sup> Section 20.197, F.S.

<sup>3</sup> Agency for Persons with Disabilities, *Regional Offices*, available at: <https://apd.myflorida.com/region/> (last visited 3/11/25).

### Executive Agencies and Departments

The executive branch of state government is comprised of departments and agencies. Florida law defines a department as the principal administrative unit within the executive branch of state government.<sup>4</sup> Under current law, departments may recommend the establishment of additional divisions, bureaus, sections, and subsections of the department to promote the efficiency and effectiveness of the department.<sup>5</sup> Department heads, referred to as secretaries<sup>6</sup> of the department are required to execute the following actions<sup>7</sup>:

- Plan, direct, coordinate, and execute the powers, duties, and functions vested in that department;
- Have authority to execute any of the powers, duties, and functions vested in that department or in any administrative unit of the department;
- Compile annually a comprehensive budget reporting all program and fiscal matters of the department;
- Reimburse the members of advisory bodies, commissions, and boards of trustees for their actual and necessary expenses incurred in performance of their duties in accordance with s. 112.061, F.S.;
- Exercise existing authority to adopt rules pursuant and limited to the powers, duties, and functions transferred to the department, subject to ch. 120 requirements;
- Employ an executive director to serve at the pleasure of a supervisory board, if applicable; and
- Make recommendations concerning more effective internal structuring of the department to the Legislature.

Current law does not specify the requirements of executive agencies.

In 2004, the Legislature established the Agency for Persons with Disabilities as an agency housed within the Department of Children and Families (DCF) for administrative purposes.<sup>8</sup> The APD is a separate budget entity and is not subject to the control, supervision, or direction of the DCF in any manner including, but not limited to, personnel, purchasing, transactions involving real or personal property, and budgetary matters.<sup>9</sup>

The director of the APD is appointed by the Governor and confirmed by the Senate and may employ assistants, professional staff, and other employees as necessary to carry out the duties of the APD.<sup>10</sup> Florida law requires the APD to include a Division of Budget and Planning and a Division of Operations in its organizational structure. The director may recommend the establishment of additional divisions, bureaus, sections, and subsections of the agency to promote efficient and effective operation of the APD.<sup>11</sup>

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<sup>4</sup> Section 20.03(8), F.S.

<sup>5</sup> Section 20.04, F.S.

<sup>6</sup> Section 20.03, F.S.

<sup>7</sup> Section 20.05, F.S.

<sup>8</sup> Ch. 2004-267, L.O.F.

<sup>9</sup> Section 20.197, F.S.

<sup>10</sup> *Id.*

<sup>11</sup> Section 20.197, F.S.

Florida Coordinating Council for the Deaf and Hard of Hearing

The Florida Coordinating Council for the Deaf and Hard of Hearing (council) serves as an advisory and coordinating body in the state which recommends policies to address the needs of deaf, hard-of-hearing, and late-deafened persons.<sup>12</sup> The council recommends methods to improve the coordination of services among public and private entities and may provide technical assistance, advocacy, and education.<sup>13</sup> The Department of Health administers the council.<sup>14</sup> Members<sup>15</sup> of the council are as follows<sup>16</sup>:

- Two members representing the Florida Association of the Deaf.
- Two members representing the Florida Association of Self Help for Hard of Hearing People.
- A member representing the Association of Late-Deafened Adults.
- An individual who is deaf and blind.
- A parent of an individual who is deaf.
- A member representing the Deaf Service Center Association.
- A member representing the Florida Registry of Interpreters for the Deaf.
- A member representing the Florida Alexander Graham Bell Association for the Deaf and Hard of Hearing.
- A communication access real-time translator.
- An audiologist licensed under part I of chapter 468.
- A hearing aid specialist licensed under part II of chapter 484.
- The Secretary of Children and Families or his or her designee.
- The State Surgeon General or his or her designee.
- The Commissioner of Education or his or her designee.
- The Secretary of Elderly Affairs or his or her designee.

*Effect of Proposed Changes*

**Section 5** of the bill amends s. 20.197, F.S. to designate the APD as a department, rather than an agency. The bill specifies the APD shall have the following purposes:

- Serve as the single state agency providing multiple pathways for success for persons with disabilities.
- Provide services under ch. 393, F.S. to persons with disabilities, including overseeing the operation of all state institutional programs and the programmatic management of Medicaid waivers and other programs established to provide services to persons with developmental disabilities.
- Provide services under ch. 413, F.S. to persons with disabilities.

The bill removes the APD from the administrative oversight of the DCF and establishes the head of the APD as a secretary, rather than a director. The secretary shall be appointed by the Governor and subject to confirmation by the Senate. The bill requires the secretary to serve at the pleasure of and report to the Governor.

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<sup>12</sup> Section 413.271(3), F.S.

<sup>13</sup> *Id.*

<sup>14</sup> Section 413.271(2)(a), F.S.

<sup>15</sup> The Governor appoints the members of the council, consulting with the organizations the appointees represent.

<sup>16</sup> Section 414.271(2)(a), F.S.

The bill removes the requirement that the APD must include a Division of Budget and Planning and a Division of Operations to allow the secretary of the APD to establish any additional divisions, bureaus, sections, and subsections of the APD as the secretary deems necessary.

**Section 7** of the bill amends s. 393.062, F.S. to include the purpose of the APD in the chapter of law regarding persons with disabilities. The bill directs the APD to serve as the single state agency for all individuals with disabilities in Florida. The bill clarifies the APD's mission and directs the APD to support individuals with disabilities and their families in living, learning, and working within their communities by creating multiple pathways to possibilities for such individuals and their families.

**Section 8** of the bill creates s. 393.0621, F.S. to specify the duties of the APD to include the following:

- Serve as the primary agency administering support to individuals with disabilities in living, learning, and working within their communities by creating multiple pathways to possibilities for such individuals and their families, among other responsibilities.
- Administer, as deemed fit by the APD and in accordance with law, developmental disabilities home and community-based Medicaid waiver programs.
- Develop community-based programs and services for individuals with disabilities and work with private businesses, nonprofit organizations, faith-based entities, units of local government, and other organizations capable of providing needed services to individuals with disabilities to provide opportunities for success to such individuals.
- Advise the Governor and the Legislature regarding the need for and location of programs related to disabilities.
- Serve as the preeminent state authority on individuals with disabilities and, when necessary, advise, set standards for, and propose recommendations to other entities serving individuals with disabilities.
- Advocate for quality programs and services for the state's disabled population and on behalf of the needs of individuals with disabilities.
- Purchase, lease, or otherwise acquire material to advertise, market, and promote awareness of services available to enable individuals with disabilities to achieve greater independence.
- Prevent neglect, abuse, or exploitation of individuals with disabilities who are unable to protect their own interests.
- Conduct studies and collect data necessary for the success of its mission.
- Coordinate interdepartmental policy development and program planning for all state agencies that provide services for individuals with disabilities in order to prevent duplicative efforts, to maximize use of resources, and to ensure cooperation, communication, and departmental linkages.

**Section 13** of the bill creates s. 413.001, F.S. to include the purpose of APD in ch. 413, F.S. which governs employment and related services for persons with disabilities. The bill identifies the APD as the single state agency for all individuals with disabilities, and provides that the purpose of the APD is to support individuals with disabilities and their families in living, learning, and working within their communities by creating multiple pathways to possibilities.

**Section 14** of the bill amends s. 413.271, F.S. to add the secretary of the APD or his or her designee as a member of the Florida Coordinating Council for the Deaf and Hard of Hearing.

The bill makes technical changes to clarify the language in this section.

**Sections 21, 23, 24, 45 and 51** of the bill make conforming changes to align statute with the substantive changes in the bill.

## **Type Two Transfer**

### ***Present Situation***

#### Type Two Transfers

Type two transfers allow the executive branch of government to reorganize and redistribute functions across agencies and departments.<sup>17</sup> Upon a type two transfer, an agency or department assumes the specified programs, activities, or functions of an existing agency or department. Generally, this transfers the statutory powers, duties, and functions; records, personnel, property, and unexpended balances of appropriations to the agency or department that assumes the type two transfer. The agency or department that assumes the programs, activities, or functions of another agency or department also assumes the administrative authority of the agency or department, unless provided by law.<sup>18</sup>

#### The Department of Education

The Department of Education (DOE) is an administrative and supervisory agency under the State Board of Education.<sup>19</sup> The DOE serves approximately 2.8 million students statewide and is aimed at increasing the proficiency of all students through programs that encourage independence and self-sufficiency.<sup>20</sup> The DOE is composed of divisions that oversee the needs of students statewide. The divisions of the DOE are as follows<sup>21</sup>:

- Division of Florida Colleges.
- Division of Public Schools.
- Division of Early Learning.
- Division of Career and Adult Education.
- Division of Vocational Rehabilitation.
- Division of Blind Services.
- Division of Accountability, Research, and Measurement.
- Division of Finance and Operations.
- Office of K-20 Articulation.
- The Office of Independent Education and Parental Choice.
- The Office of Safe Schools.

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<sup>17</sup> Section 20.06(2), F.S.

<sup>18</sup> *Id.*

<sup>19</sup> Section 1001.20, F.S.

<sup>20</sup> Florida Department of Education, *About Us*, available at: <https://www.fl DOE.org/about-us/> (last visited 3/24/25).

<sup>21</sup> Section 20.15, F.S.

These divisions are assigned the powers, duties, responsibilities, and functions as are necessary to ensure the coordination, efficiency, and effectiveness of education for students in Florida.<sup>22</sup>

### Division of Blind Services

The Division of Blind Services is housed under the Department of Education and provides services for individuals of all ages in Florida that are blind and visually impaired.<sup>23</sup> Individuals may apply for services at the nearest Division of Blind Services district office, detailed below<sup>24</sup>:

District Office Location	Counties Served
Cocoa	Brevard
Daytona Beach	Flagler, Putnam, Volusia
Fort Myers	Collier, Glades, Hendry, Lee, Charlotte
Gainesville	Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy, Marion, Union
Jacksonville	Baker, Clay, Duval, Nassau, St. John
Lakeland	Citrus, Hardee, Polk, Pasco, Hernando
Miami	Dade, Monroe
Orlando	Lake, Orange, Osceola, Seminole, Sumter
Palmetto	DeSoto, Highlands, Manatee, Sarasota
Panama City	Bay, Calhoun, Gulf, Jackson, Holmes, Washington
Pensacola	Escambia, Okaloosa, Santa Rosa, Walton
Sunrise	Broward
Tallahassee	Franklin, Gadsen, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwannee, Taylor, Wakulla
Tampa	Hillsborough, Pinellas
West Palm Beach	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie

The Division of Blind Services oversees a variety of programs to assist individuals with visual impairments in the state of Florida.

- Blind Babies Program: Provides community-based early intervention education to children from birth through five years of age who are blind or visually impaired, and to their parents, families, and caregivers. The program is delivered by community-based provider organizations and provides services to minimize developmental delays and prepare children to enter school.<sup>25</sup>
- Children's Program: Supplements services<sup>26</sup> offered by the school system to facilitate the achievement of educational and independent living goals.<sup>27</sup>

<sup>22</sup> Section 20.15, F.S.

<sup>23</sup> Florida Division of Blind Services, *Home*, available at: <https://dbs.fldoe.org/index.html> (last visited 3/24/25).

<sup>24</sup> Florida Division of Blind Services, *District Offices*, available at: <https://dbs.fldoe.org/Information/contact.html> (last visited 3/24/25).

<sup>25</sup> Florida Division of Blind Services, *Blind Babies Program*, available at: <https://dbs.fldoe.org/Babies/index.html> (last visited 3/24/25).

<sup>26</sup> Services from kindergarten through high school include: compensatory skills (such as Braille, listening skills, handwriting skills, and abacus); orientation and mobility; social interaction skills; independent living skills and personal management; recreation and leisure; career and vocational education; assistive technology; and visual efficiency skills.

<sup>27</sup> Florida Division of Blind Services, *Children's Program*, available at: <https://dbs.fldoe.org/Children/index.html> (last visited 3/24/25).



- Transition Program: Individualized services designed to facilitate an individual's transition into adulthood.<sup>28</sup>
- Independent Living Program: Provides services to enable blind or severely visually impaired individuals to live independently in his or her home or community with a maximum degree of self-direction.<sup>29</sup>
- Vocational Rehabilitation Program: Provides services<sup>30</sup> to assist individuals in achieving or maintaining an employment outcome that is consistent with his or her unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.<sup>31</sup>
- Employer Services: Provides information services to employers seeking to make jobs accessible to employees with a visual impairment.<sup>32</sup>
- Business Enterprise Program: Provides job opportunities in the food service sector for individuals with visual impairments.<sup>33</sup>
- Career, Technology and Training Center for the Blind and Visually Impaired: Provides places for individuals who are blind to reside temporarily. Offers instruction in a variety of independence skills and case management.<sup>34</sup>
- Braille and Talking Book Library: Provides information and reading materials in Braille and recorded audio format to Florida residents who are unable to use standard print as the result of visual, physical, or reading disabilities.<sup>35</sup>

#### Division of Vocational Rehabilitation

The Division of Vocational Rehabilitation is under the administrative authority of the DOE. Vocational Rehabilitation is a federal-state program that helps individuals with disabilities attain desired job skills and employment.<sup>36</sup>

The Florida Rehabilitation Council (FRC) assists the Florida DOE and Division of Vocational Rehabilitation in planning statewide services for individuals with disabilities.<sup>37</sup> At least 51% of the council must be composed of individuals with disabilities. The council recommends best

<sup>28</sup> Florida Division of Blind Services, *Transition Services*, available at: <https://dbs.fldoe.org/Transition/index.html> (last visited 3/24/25).

<sup>29</sup> Florida Division of Blind Services, *Independent Living Program*, available at: <https://dbs.fldoe.org/ILAB/index.html> (last visited 3/24/25).

<sup>30</sup> Services may include: vocational training; job placement; on-the-job training; orientation and mobility training; independent living skills training; career counseling and guidance; low vision aids and appliances; and job modification including adaptive technology.

<sup>31</sup> Florida Division of Blind Services, *Vocational Rehabilitation Program*, available at: <https://dbs.fldoe.org/Voc-Rehab/index.html> (last visited 3/24/25).

<sup>32</sup> Florida Division of Blind Services, *Employer Services*, available at: <https://dbs.fldoe.org/Employer/index.html> (last visited 3/24/25).

<sup>33</sup> Florida Division of Blind Services, *Business Enterprise Program*, available at: <https://dbs.fldoe.org/BEP/index.html> (last visited 3/24/25).

<sup>34</sup> Florida Division of Blind Services, *About Blind Services*, available at: <https://dbs.fldoe.org/Information/index.html> (last visited 3/24/25).

<sup>35</sup> Florida Division of Blind Services, *Braille and Talking Book Library*, available at: <https://dbs.fldoe.org/Library/index.html> (last visited 3/24/25).

<sup>36</sup> Florida Vocational Rehabilitation, *About Adult Programs*, available at: <https://rehabworks.org/adult-programs/adult-programs.html> (last visited 3/24/25).

<sup>37</sup> Florida Vocational Rehabilitation, *About Us*, available at: <https://rehabworks.org/frc/frc-about.html> (last visited 3/24/25).

practices to facilitate the employment, independence, and improved quality of life for individuals with disabilities in Florida.<sup>38</sup>

The Division of Vocational Rehabilitation offers services for adults, students, and youth.

- Adult Programs: Provides services to adults with disabilities in the workforce. Services may include, but are not limited to, independent living, supported employment, and deaf, hard of hearing and deafblind services.<sup>39</sup>
- Students and Youth Programs: Provides services to prepare students and out-of-school youth with disabilities for success in the workforce. Offers Pre-Employment Transition Services (Pre-ETS) to facilitate career exploration as well as Transition Youth Programs for students in high school that provide career counseling, work readiness training, and work experiences.<sup>40</sup>
- Ticket to Work: Provides information about the Social Security program Ticket to Work that allows individuals who qualify for social security disability benefits to work while receiving social security benefits.<sup>41</sup>

#### Federal Rehabilitation Trust Fund

Individuals who receive vocational rehabilitation services may be required to financially participate in the costs of these services.<sup>42</sup> However, individuals may have third-party coverage for these services, such as health insurance.<sup>43</sup> If an applicant or recipient of such services has a right to third-party payment for such services, Florida law requires the applicant or recipient to inform the Division of Vocational Rehabilitation of his or her right to such payments.<sup>44</sup> The right to receive such payments transfers to the Division of Vocational Rehabilitation, and the Division is reimbursed the funds expended for such services directly from the third-party.<sup>45</sup> These funds recovered from third-parties are deposited in the Federal Rehabilitation Trust Fund and may be used to fund vocational rehabilitation programs.<sup>46</sup>

#### *Effect of Proposed Changes*

**Section 2** of the bill transfers the Division of Vocational Rehabilitation, the Division of Blind Services, and the Federal Rehabilitation Trust Fund in the DOE to the APD by a type two transfer as described in s. 20.06(2), F.S. This transfers all powers, duties, functions, records, offices, personnel, associated administrative support positions, property, pending issues, existing contracts, administrative authority, administrative rules, and unexpected balances of

<sup>38</sup> Florida Vocational Rehabilitation, *About Us*, available at: <https://rehabworks.org/frc/frc-about.html> (last visited 3/24/25).

<sup>39</sup> Florida Vocational Rehabilitation, *About Adult Programs*, available at: <https://www.rehabworks.org/adult-programs/adult-programs.html> (last visited 3/24/25).

<sup>40</sup> Florida Vocational Rehabilitation, *About Students and Youth Programs*, available at: <https://www.rehabworks.org/student-youth/student-youth.html> (last visited 3/24/25).

<sup>41</sup> Florida Vocational Rehabilitation, *Ticket to Work*, available at: <https://www.rehabworks.org/adult-programs/ttw.html> (last visited 3/24/25).

<sup>42</sup> 6A-25.008, F.A.C.

<sup>43</sup> Florida Division of Vocational Rehabilitation, *Handbook of Services*, available at: <https://www.rehabworks.org/about/publications.html> (last visited 3/24/25).

<sup>44</sup> Section 413.445, F.S.

<sup>45</sup> 6A-25.018, F.A.C.

<sup>46</sup> Section 413.4455, F.S.

appropriations allocations and other funds relating to the Division of Vocational Rehabilitation, the Division of Blind Services, and the Federal Rehabilitation Trust Fund to the APD.

The bill requires that any binding contract or interagency agreement existing before September 30, 2026 between the Division of Blind Services, the Division of Vocational Rehabilitation and another entity must continue under the current entities for the remainder of the contract.

The bill requires the DOE to continue the operations of any direct-support organization created under ch. 413, F.S. until full implementation of the transition plan or October 1, 2027, whichever occurs first. The bill requires any funds held in trust which were donated to or earned by the Division of Blind Services or the Division of Vocational Rehabilitation to be transferred in conjunction with the direct-support organization and used for the original purposes.

The bill transfers duties related to applicable federal authority to the APD, which allows the APD to assume the responsibility to submit amendments, supplemental information, or waivers to the federal government for approval. The bill requires the APD and the DOE to jointly notify the U.S. Department of Education of the change in grant recipient for any applicable federal funding.

The bill intends the transition activities to be completed on or before October 1, 2027, and that the changes made by this section be accomplished with minimal disruption of services provided to the public and minimal disruption to employees of the DOE or APD. The bill directs all applicable units of state government to contribute to the transfer, and establishes a transition period between July 1, 2025 and October 1, 2027.

**Section 3** of the bill requires coordination between the DOE and APD during the type two transfer. The bill requires the secretary of the APD and the Commissioner of Education to each designate a transition coordinator to serve as the primary representative on a transition advisory working group. The bill allows the transition coordinators to recommend subject-matter experts to the secretary and the commissioner that can fulfill transition duties and submit progress reports on the transition.

The bill requires the secretary and the commissioner to each appoint three staff members to the transition advisory working group to review and make determinations on the following:

- The appropriate proportionate number of personnel and their related funding levels, funding sources, and assigned property that will be transferred from the Office of General Counsel, Office of the Inspector General, and Division of Administrative Services to the APD from the DOE.
- The development of a recommended plan that addresses the transfers or shared use of buildings, regional offices, and other facilities used or owned by the DOE.
- Any operating budget adjustments necessary to implement the transition. These adjustments must be made in consultation with the appropriate substantive and fiscal committees of the Senate and the House of Representatives.

**Section 6** of the bill amends s. 20.1971, F.S. to allow the APD to administer the Federal Rehabilitation Trust Fund, rather than the DOE. The trust fund must consist of receipts from federal grants, and must be used for the purpose of providing the following:

- Providing independent living skills;

- Education;
- Medical treatment; and
- Assistive devices for individuals with disabilities.

These services are intended to assist individuals with disabilities lead productive lives and join the workforce.

Any balance in the trust fund at the end of any fiscal year must remain in the trust fund and be available to carry out the purposes of the trust fund, notwithstanding s. 216.301, F.S. and pursuant to s. 216.351, F.S.

**Sections 4, 15, 16, 17, 18, 19, 20, 22, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 46, 47, and 49** of the bill makes conforming changes to implement the type two transfer of the Division of Vocational Rehabilitation, the Division of Blind Services, and the Federal Rehabilitation Trust Fund from the DOE to the APD.

## **Services for Individuals with Disabilities**

### ***Present Situation***

#### **Individual Budgeting (iBudget) Waiver**

Florida has obtained several waivers<sup>47</sup> to enable the provision of specified home and community-based services to persons at risk of institutionalization.<sup>48</sup> The intended target populations are older adults, people with intellectual or developmental disabilities, physical disabilities, or mental health and substance use disorders.<sup>49</sup> These services are intended to allow recipients to remain at home or in a home-like setting, and are funded by the Florida Agency for Health Care Administration (AHCA).<sup>50</sup>

The Individual Budgeting Waiver (iBudget) is one of the Home and Community-Based Services federal waivers.<sup>51</sup> The APD administers the iBudget waiver in Florida for individuals with specified developmental disabilities who meet Medicaid eligibility requirements.<sup>52</sup> The iBudget program provides the client with an established budget; with this budget, the client may choose services within a specified service package that best allows them to live in their community.<sup>53</sup>

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<sup>47</sup> A Medicaid waiver allows a state to waive certain eligibility requirements and cover individuals who may not otherwise be eligible for Medicaid care. See Centers for Medicare & Medicaid Services, *State Medicaid Plans and Waivers*, available at: <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/state-medicaid-plans-and-waivers> (last visited 3/25/25).

<sup>48</sup> 59G-13.080, F.A.C.

<sup>49</sup> Medicaid.gov, Home and Community Based Services, available at: <https://www.medicaid.gov/medicaid/home-community-based-services/index.html> (last visited 3/13/25).

<sup>50</sup> Rule 59G-13.080(1), F.S. 393.062, F.S.; Section 409.906, F.S.

<sup>51</sup> Florida Agency for Health Care Administration, Florida Medicaid's Covered Services and HCBS Waivers, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/florida-medicaid-s-covered-services-and-hcbs-waivers> (last visited 3/13/25).

<sup>52</sup> Section 393.0662, F.S.

<sup>53</sup> *Id.*

The APD serves 35,790 individuals through iBudget Florida, contracting with service providers to offer various supports and services to assist individuals to live in their community.<sup>54</sup> Examples of waiver services include residential habilitation, behavioral services, personal supports, adult day care training, employment services, and occupational and physical therapy.<sup>55</sup>

#### iBudget Preenrollment Categories

Based on the available slots in the iBudget waiver program, applicants may either be placed in the program or placed on a wait list if the demand exceeds available funding. The APD assigns each waitlisted client to a preenrollment category based on their needs. As more funding is available, clients are taken off the preenrollment categories and placed on the program, in descending priority order; meaning, the clients who have the highest needs are enrolled in the program first. The following table displays the number of individuals in the preenrollment categories as of March 18, 2025<sup>56</sup>:

<b>iBudget Preenrollment Categories</b>		
<b>Preenrollment Category</b>	<b>Description</b>	<b>Total Number of Clients</b>
Category 1	Clients in crisis	-
Category 2	Children in the Child Welfare System at the time of permanency or turning 18 years of age	-
Category 3	Intensive Needs	170
Category 4	Caregiver Over Age 60	522
Category 5	Clients transitioning from school	22
Category 6	Clients Age 21 and Over who do not meet the criteria for categories 1, 2, 3, 4, or 5	12,323
Category 7	Clients Age 21 and Younger who do not meet the criteria for categories 1, 2, 3, or 4	7,985
<b>Grand Total of Clients</b>		<b>21,022</b>

#### The Child Welfare System

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.<sup>57</sup> The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with families to address problems endangering children, if possible.<sup>58</sup> If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.<sup>59</sup> During this time, the DCF strives to

<sup>54</sup> March 24, 2025 E-mail from Anna Grace Futch, Legislative Affairs Director, the APD (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>55</sup> Agency for Persons with Disabilities, *Quarterly Report on Agency Services to Floridians with Developmental Disabilities and Their Costs First Quarter Fiscal Year 2022-2023*, available at: <https://apd.myflorida.com/publications/reports/> (last visited 3/14/25).

<sup>56</sup> March 24, 2025 E-mail from Anna Grace Futch, Legislative Affairs Director, the APD (on file with the Senate Committee on Children, Families, and Elder Affairs).

<sup>57</sup> Ch. 39, F.S.

<sup>58</sup> Ch. 39, F.S.

<sup>59</sup> Ch. 39, F.S.

achieve permanency for the child before the child's 18<sup>th</sup> birthday.<sup>60</sup> However, a child will age out of care upon reaching 18 years of age if a permanent placement is not found.<sup>61</sup>

During the year after a child reaches age 16 years, the DCF and CBC lead agency are required to collaborate with the caregiver to assist the child in developing a transition plan.<sup>62</sup> The transition plan must address options for the child to obtain services such as housing, health insurance, education, financial literacy, a driver license, and workforce support.<sup>63</sup> Additionally, the court is required to conduct judicial reviews of children aging out of the child welfare system, to determine if they have obtained appropriate life skills to live independently and ensure the child has information about services they may be eligible to receive after reaching 18 years of age.<sup>64</sup>

### ***Effect of Proposed Changes***

**Section 10** of the bill amends s. 393.065, F.S. to require the APD to participate in transition planning activities for individuals assigned to preenrollment category 2, which are children aging out of the child welfare system. These activities must be coordinated by the CBC lead agency, and include, but are not limited to the following:

- Transition plan staffing pursuant to s. 39.6035, F.S.; and
- Multidisciplinary staffing pursuant to s. 39.701 F.S., including activities regarding guardianship.

The bill also requires the APD to provide a brief overview of the vocational rehabilitation services offered through the Division of Vocational Rehabilitation through APD, to conform to the type two transfer of this division from the Department of Education.

## **Adult Pathways**

### ***Present Situation***

#### **Adult Pathways Program**

In 2024, the Legislature directed the Agency for Health Care Administration and the APD to jointly develop a comprehensive plan for the administration, finance, and delivery of home and community-based services through a new home and community-based services Medicaid waiver program.<sup>65</sup> The waiver is intended for clients transitioning into adulthood, and designed to prevent future crisis enrollment (Category 1) in the iBudget program.

To fulfill the legislative directive from the 2024 legislative session, the APD and AHCA contracted for an actuarial analysis to propose recommendations for the advancement of an Adult Pathways Waiver.<sup>66</sup>

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<sup>60</sup> Section 39.621, F.S.

<sup>61</sup> Rule 65C-30.022, F.A.C.

<sup>62</sup> Section 39.6035, F.S.

<sup>63</sup> *Id.*

<sup>64</sup> Section 39.701(3), F.S.

<sup>65</sup> Ch. 2024-14, L.O.F.

<sup>66</sup> Ch. 2024-231, L.O.F. and Milliman Report, *Adult Pathways Waiver – Plans and Recommendations*, November 26, 2024 (on file with the Senate Committee on Children, Families, and Elder Affairs).

In November 2024, the APD submitted the actuarial analysis and plan for the Adult Pathways Waiver. The waiver is intended to focus on a population of individuals with developmental disabilities ages 18 to 32 that have graduated or completed high school equivalency and are Medicaid eligible.<sup>67</sup> Additionally, the APD identified the following services to potentially include in the waiver<sup>68</sup>:

- Life Skills Developmental Level 1 (Community Inclusion)
- Life Skills Developmental Level 2 (Supported Employment)
- Life Skills Developmental Level 3 (Adult Day Training)
- Life Skills Developmental Level 4 (Prevocational)
- Personal Supports
- Respite
- Support Coordination
- Supported Living Coaching
- Transportation

Residential habilitation and behavioral services were also identified as potential services for consideration.<sup>69</sup>

To begin implementation, the plan must receive legislative appropriation and be submitted to the Centers for Medicare and Medicaid Services (CMS) for federal approval.<sup>70</sup>

### *Effect of Proposed Changes*

**Section 11** of the bill creates s. 393.0664, F.S. to implement the Adult Pathways Home and Community-based Services Medicaid waiver program. The bill requires this waiver to utilize a fee-for-service model with an annual per-person funding cap to address the needs of clients with developmental disabilities as they transition into adulthood and achieve greater independence throughout their lifetimes.

The bill requires the program to establish an additional pathway that utilizes the use of natural supports and community partnerships to provide the necessary supports to clients and contain costs. The program is intended to meet the needs of clients at the earliest opportunity to prevent care crises and to positively influence outcomes relating to client health, safety, and well-being.

The bill allows the APD, in partnership with AHCA, to seek federal approval for the program through a state plan amendment or Medicaid waiver. The bill requires AHCA to submit a request for any federal approval needed to implement the program by October 1, 2025.

The bill requires participation in the program to be voluntary and limited to the maximum number of enrollees authorized in the General Appropriations Act. The bill specifies the following criteria to participate in the program:

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<sup>67</sup> *Id.*

<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> Milliman Report, *Adult Pathways Waiver – Plans and Recommendations*, November 26, 2024 (on file with the Senate Committee on Children, Families, and Elder Affairs).

- Be eligible for Medicaid.
- Be eligible for a preenrollment category for Medicaid waiver services.
- Be 18 to 28 years of age at the time of enrollment and have attained a high school diploma or the equivalent.
- Meet the level of care required for home and community-based services as identified in the federal approval for the program.

The bill requires the APD to approve a needs assessment methodology to determine the functional, behavioral, and physical needs of prospective enrollees. This assessment methodology must be administered by persons who have completed any training required by the APD for such purpose. The bill allows the APD to offer such training.

The bill allows enrollees to remain on the Adult Pathways waiver until he or she reaches 32 years of age. An individual's participation in the program does not affect his or her status on the home and community-based services Medicaid waiver program, unless the client or the client's legal representative voluntarily disenrolls from that program. Upon an individual's disenrollment from the program, the bill requires the APD to allow the client to return to the most appropriate preenrollment category based on a current needs assessment and the preenrollment category criteria.

The bill requires the APD to authorize covered services specified in the Medicaid waiver which are medically necessary, including, but not limited to, any of the following:

- Adult day training.
- Companion services.
- Employment services.
- Personal supports.
- Prevocational services.
- Supported living coaching.
- Transportation.
- Care Coordination.

The bill requires such services to be provided in accordance with an individualized care plan. The bill requires the individualized care plan to be evaluated and updated at least annually, and as often as warranted by changes in the enrollee's circumstances.

The bill requires the APD to begin enrollment in the Adult Pathways program upon federal approval of the Adult Pathways waiver, with coverage for enrollees becoming effective upon authorization and availability of sufficient state and federal funding and resources.

The bill allows the APD, in consultation with AHCA, to adjust fees, reimbursement rates, lengths of stay, number of visits, or number of services; limit enrollment in the program; or make any other adjustments necessary based upon funding and any limitations imposed or directions provided in the General Appropriations Act.

The bill requires the APD, in consultation with AHCA, to submit progress reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives upon



federal approval of the Medicaid waiver and throughout implementation of the program. The bill requires the APD to submit a progress report by July 1, 2026, including, but not limited to, all of the following:

- The number of enrollees in the program and other pertinent information on enrollment.
- Service use.
- Average cost per enrollee.
- Outcomes and performance reporting relating to health, safety, and well-being of enrollees.

## **Family Care Councils**

### ***Present Situation***

#### Family Care Councils

In 1993, the Legislature required each service district of the Department of Health and Rehabilitative Services to create local family care councils (FCC).<sup>71</sup> FCCs are intended to facilitate the connection between government and individuals with disabilities and their families, to ensure that statewide policies are guided by input from individuals who are affected by such policies.<sup>72</sup>

Current law requires local FCCs to consist of at least 10 members recommended by a majority vote of the local family care council and appointed by the Governor.<sup>73</sup> Council members must serve on a voluntary basis.<sup>74</sup> The FCC must be composed of individuals receiving or waiting to receive APD services and family members of individuals with developmental disabilities.<sup>75</sup> FCCs are required to provide the APD-established training program to assist the council members in understanding the laws, rules, and policies applicable to their duties and responsibilities on the council.<sup>76</sup>

Family care councils are intended to advise the APD, develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the developed plan.<sup>77</sup> The primary functions of the FCC are as follows<sup>78</sup>:

- Assist in providing information and outreach to families.
- Review the effectiveness of service programs and make recommendations with respect to program implementation.
- Advise the agency with respect to policy issues relevant to the community and family support system in the local area.
- Meet and share information with other local family care councils.

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<sup>71</sup> Ch. 93-143, L.O.F.

<sup>72</sup> Family Care Councils, *Serving Families for 30 Years*, available at: <https://www.fccflorida.org/> (last visited 3/26/25).

<sup>73</sup> Section 393.502, F.S.

<sup>74</sup> Section 393.502, F.S.

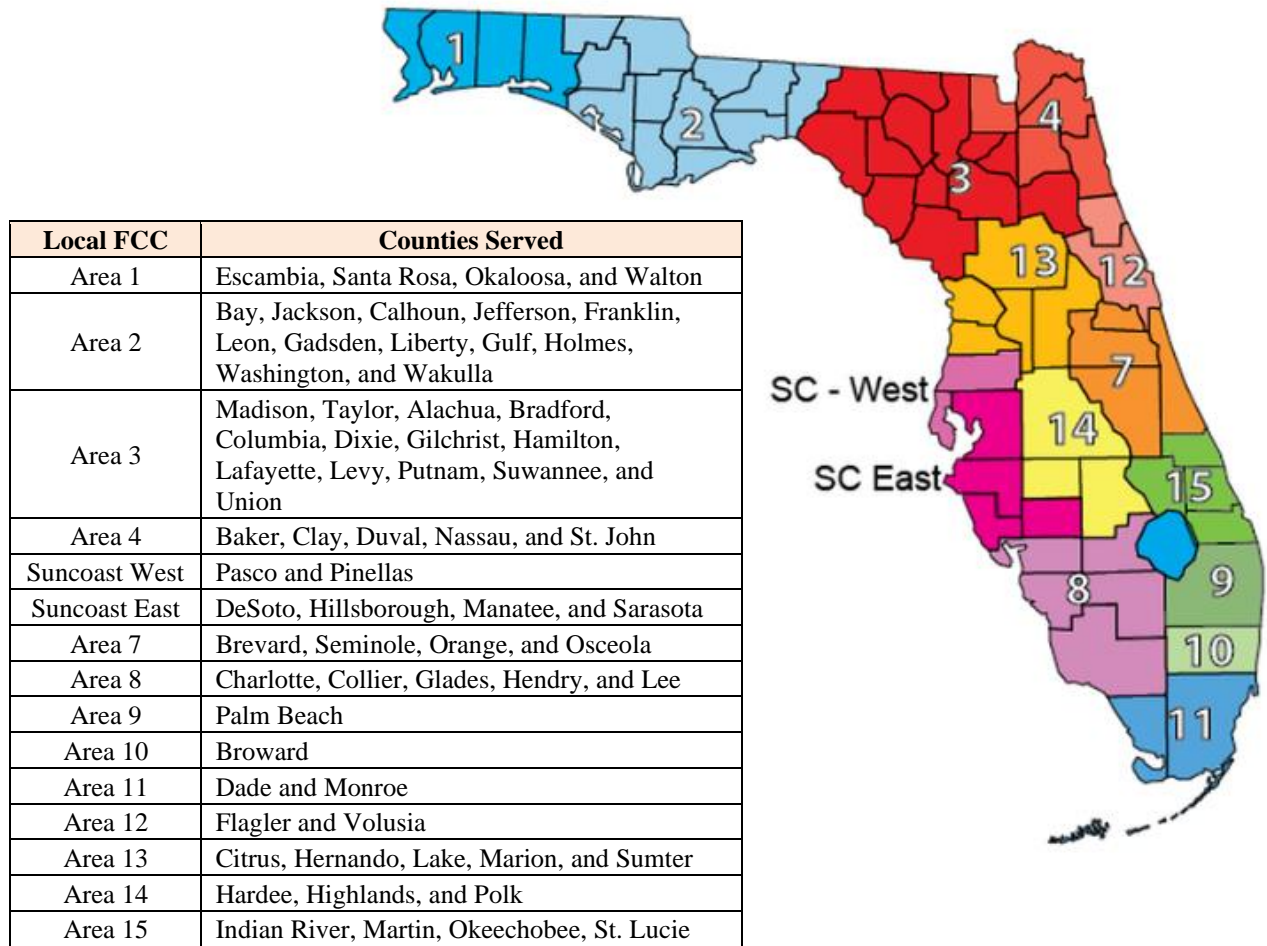
<sup>75</sup> *Id.*

<sup>76</sup> Section 393.502(5), F.S.

<sup>77</sup> Section 393.502(7), F.S.

<sup>78</sup> *Id.*

There are currently 15 FCCs statewide, as shown below<sup>79</sup>



Upon the establishment of a new FCC, the Governor must appoint the first four council members, who serve 3-year terms. The appointed members are required to submit recommendations for at least six additional members selected by a majority vote to the Governor.<sup>80</sup>

FCCs may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person.<sup>81</sup> The APD may conduct an annual financial review of each local family care council.<sup>82</sup>

<sup>79</sup> Family Care Councils, *Local Family Care Councils*, available at: <https://www.fccflorida.org/local-councils.html> (last visited 3/26/25).

<sup>80</sup> Section 393.502(8), F.S.

<sup>81</sup> Section 393.502(9), F.S.

<sup>82</sup> *Id.*

### Florida Unique Abilities Program

The Florida Unique Abilities Partner Program was established in 2016<sup>83</sup> and was transferred to the oversight of the APD in 2024.<sup>84</sup> This program allows the APD to designate certain business entities as Florida Unique Abilities Partners, provided the business demonstrates its commitment to supporting individuals with disabilities.<sup>85</sup> The Florida Unique Abilities Partners Program is intended to enhance the following outcomes<sup>86</sup>:

- Fostering independence through facilitating the employment of individuals with unique abilities who wish to work.
- Reducing unemployment among those who are willing, ready, and able to contribute to Florida's workforce.
- Connecting businesses through increased networking opportunities for businesses.
- Strengthening communities by creating environments where everyone can succeed.

Currently, there are nearly 200 Unique Abilities Partners throughout the state of Florida.<sup>87</sup>

### *Effect of Proposed Changes*

**Section 12** of the bill amends s. 393.502, F.S. to establish a statewide family care council that coordinates with existing local family care councils. The statewide council is required to advise the APD on strategies to promote and support the delivery of services and resources across the state. The bill requires the statewide council to utilize information from local family care councils to develop strategies and resources to support individuals with disabilities and their families, including the promotion of peer and mentorship models.

The bill clarifies language that provides the location of local family care councils, to agency-designated regions rather than service areas of the APD. The bill requires local family care councils to coordinate with the statewide family care council and act as a local network for mentorship and peer support to individuals with disabilities and their families. Specifically, local family care councils are required to do the following:

- Provide an annual report to the statewide family care council by July 1. This report must include information relating to locally based existing resources and supports available to individuals with disabilities and their families. The report must include specific information provided at the local council's quarterly meetings.
  - The local family care council's quarterly meetings must include the development of strategies to enhance networks of supports. These strategies are intended to promote the maximization of community integration, resource identification, encouragement for others by sharing lived experiences, and increase of skills for independence through partnerships that promote volunteer opportunities, internships, and employment options.
- Assist in promoting strategies, models, and programs that are developed due to the findings in the statewide family care council's annual report and in consultation with the agency.

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<sup>83</sup> Ch. 2016-3, F.S.

<sup>84</sup> Ch. 2024-14, L.O.F.

<sup>85</sup> Section 413.801, F.S.

<sup>86</sup> APD Cares, *Florida Unique Abilities Partner Program*, available at: <https://apd.myflorida.com/unique/> (last visited 3/26/25).

<sup>87</sup> APD Cares, *Florida Unique Abilities Partner Program List of Partners*, available at: <https://apd.myflorida.com/unique/partners.htm> (last visited 3/26/25).

- Provide outreach and connection for individuals with disabilities and their families to care navigation, resources and supports, and additional opportunities to connect with others with lived experiences to promote empowerment and resiliency.

The bill requires the statewide family care council to utilize the information received from the local council's annual reports and quarterly meetings to compose a statewide annual report. The statewide family care council must provide this report to the APD by December 1, each year. The report must include information relating to the existing infrastructure of supports for individuals with disabilities and their families. The bill requires the strategies included in the report to reference existing models established as leading practices. The strategies must promote the maximization of community integration, resource identification, encouragement for others by sharing lived experiences, and increase of skills for independence through partnerships that promote volunteer, intern, and employment options.

The bill limits local family care councils to apply, receive, and accept funding *solely* for the purpose of directly supporting the mentorship and peer supports program and network.

The bill provides that both the statewide and local family care councils are subject to an annual financial review by staff assigned by the APD. The bill allows the APD to implement financial controls for a council as deemed necessary after a financial review.

The bill prohibits APD employees from serving as voting members on either the statewide council or a local council. Members of the statewide council must be appointed by the Governor and members of the local councils must be appointed by the APD secretary, including upon the establishment of a new local family care council. Thus, statewide council members serve at the pleasure of the Governor, and the local council members serve at the pleasure of the secretary of the APD. The bill allows the APD secretary to recommend potential statewide council member appointments to the Governor.

The bill requires council members for the statewide and local councils to be appointed for a three-year term.

The bill requires the statewide family care council to be composed of up to 11 members, as follows:

- At least one representative from each agency-designated region, each of whom must be a resident of the region he or she represents on the council.
- At least two individuals who are receiving waiver services from the agency or are assigned to a preenrollment category for waiver services under s. 393.065.
- One nonvoting member appointed by the secretary of the APD.
- One representative of an entity that provides services to individuals with disabilities in this state, including, but not limited to, a private sector Florida Unique Abilities Partner designated under s. 413.801, which does not have a Medicaid waiver service contract with the agency, who shall serve as a member-at-large.
- At least one member who is the parent, grandparent, guardian, or sibling of an individual with disabilities who is served by the agency. For a grandparent to serve as a member, the grandchild's parent or legal guardian must consent to the appointment in writing to the agency.

- Additional members may include representatives from local community-based nonprofit organizations, faith-based organizations, schools, or programs embedded within educational systems in this state.

Persons related by consanguinity or affinity within the third degree may not serve on the same council at the same time. The bill requires the council members to choose a statewide family care council chair who serves a one year term. The bill prohibits an individual from serving more than two consecutive terms as chair.

The bill requires each local family care council to be composed of at least 10 and no more than 15 members, as follows:

- At least one member must be an individual receiving waiver services from the agency or assigned to a preenrollment category for waiver services under s. 393.065, F.S.
- One member must be a representative of an entity providing services to individuals with disabilities in this state, including, but not limited to, a private sector Florida Unique Abilities Partner designated under s. 413.801, which does not have a Medicaid waiver service contract with the agency.
- At least one member must be the parent, grandparent, guardian, or sibling of an individual with disabilities who is served by the agency. For a grandparent to serve as a member, the grandchild's parent or legal guardian must consent to the appointment in writing to the agency.
- Additional members may include representatives of local community-based nonprofit organizations, faith-based organizations, schools, or educational programs.

The bill retains the requirement that a local council chair must be chosen by the council members to serve a one year term. The bill reduces the number of consecutive terms an individual may serve as a chair, from four one-year terms to two one-year terms. Thus, an individual cannot serve as a local council chair for more than two consecutive years.

The bill amends the process upon which a statewide or local council has a membership vacancy. The bill requires the statewide or local council to notify the APD of the vacancy. Upon this notification, the vacancy must be filled in the same manner as the original appointment to the council.

The bill requires the APD to consult with the statewide and local councils to establish a training program for statewide and local council members. This training program must be utilized when new members are appointed to the councils and any times as the APD secretary deems necessary.

The bill requires the statewide family care council and all local family care councils to meet as necessary, but at least quarterly.

The bill amends the compensation requirements for the members of both the statewide and local family care councils. The following members of the statewide or local council may receive reimbursement for per diem and travel expenses:

- Members who were appointed on the basis of receiving waiver services from the APD;
- Members who were appointed by virtue of being assigned to a preenrollment category; or

- Members who were appointed on the basis of being related to such a person.

The bill requires the statewide and local family care councils to have a quorum, consisting of the majority of the members of the council, in order to conduct business or hold a meeting. The bill allows the council to conduct its meetings through teleconference or other electronic means to establish a quorum. If a council is unable to meet a quorum due to vacancies on the council, the bill requires the council to meet solely to develop and submit recommendations for council members to fill the vacancy.

## **Commission for the Transportation Disadvantaged**

### ***Present Situation***

The Commission for the Transportation Disadvantaged (commission) is housed within the Department of Transportation.<sup>88</sup> The Commission coordinates transportation services for individuals with disabilities to facilitate individuals living interdependently in their communities.<sup>89</sup> The Governor makes the following appointments to the Commission<sup>90</sup>:

- The Secretary of Transportation or his or her designee.
- The director of the Agency for Persons with Disabilities or his or her designee.
- The Secretary of Elderly Affairs or his or her designee.
- The director of the Division of Blind Services.
- Two county managers or administrators, one from a rural county and one from a county with a population of more than 150,000, according to the last state census.
- Five members who have experience in transportation, workforce development, transit services, management, insurance, or service of persons with disabilities or who have a disability and use transportation for the transportation disadvantaged.

### ***Effect of Proposed Changes***

**Section 45** of the bill amends the membership of the Commission for the Transportation Disadvantaged in s. 427.012, F.S. The bill requires the following members to serve as ex officio, nonvoting advisors to the commission:

- The Secretary of Transportation;
- The Secretary of Children and Families;
- The Secretary of Commerce;
- The executive director of the Department of Veterans' Affairs;
- The Secretary of Elderly Affairs;
- The Secretary of Health Care Administration;
- The Secretary of the APD; and
- A county manager or administrator appointed by the Governor *or* a senior management-level representative of each department.

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<sup>88</sup> Section 427.012, F.S.

<sup>89</sup> Florida Commission for the Transportation Disadvantaged, *2024 Annual Performance Report*, available at: <https://www.fdot.gov/ctd/ctd-home> (last visited 3/25/25).

<sup>90</sup> Section 427.012, F.S.

The members of the council who have experience in transportation, workforce development, transit services, management, insurance, or service of persons with disabilities, and individuals who have a disability and use transportation for the transportation disadvantaged retain voting power.

### **Other**

**Section 1** of the bill renames ch. 393, F.S. entitled “Developmental Disabilities” to “Persons with Disabilities.”

**Section 9** of the bill amends s. 393.063, F.S. to update current definitions and to include a new definition for the term “care plan.”

The bill refers to a care plan as a written tool that contains information provided by the individual with disabilities or his or her guardian advocate or representative which is used to develop attainable milestones and corresponding timelines to address immediate, intermediate, and long-term needs and goals through the coordination of resources and support.

The bill updates the term “client” to refer to any individual with disabilities who receive services from the APD under ch. 393 or ch. 413.

The bill updates the term “treatment” to refer to interventions or services provided to prevent and lessen a client’s symptoms; provide care, comfort, and education to a client; and restore and maintain the health of the client. This change removes terminology that refers to a client’s developmental disability as something that must be prevented, ameliorated, or cured.

**Section 48 and 50** of the bill update cross references to reflect the substantive changes in the bill.

**Section 52** provides an effective date of July 1, 2025.

## **IV. Constitutional Issues:**

### **A. Municipality/County Mandates Restrictions:**

The bill does not require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18, of the State Constitution.

### **B. Public Records/Open Meetings Issues:**

None.

### **C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None Identified.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

There is an expected indeterminate fiscal impact relating to the type two transfer of the Division of Blind Services, Division of Vocational Rehabilitation, and the Federal Rehabilitation trust fund from the DOE to the APD.

There is a potential negative fiscal impact on APD for the administrative support of the newly created statewide family care council.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 20.15, 20.197, 20.1971, 393.062, 393.063, 393.065, 393.502, , 413.271, 90.6063, 110.112, 215.311, 257.04, 318.21, 320.0848, 393.13, 394.75, 402.56, 409.9855, 410.604, 413.011, 413.0111, 413.033, 413.035, 413.036, 413.037, 413.051, 413.091, 413.092, 413.20, 413.201, 413.203, 413.402, 413.405, 413.407, 413.445, 413.615, 413.80, 413.801, 427.012, 943.0585, 943.059, 1002.394, 1003.575, 1004.6495, 1012.582

This bill creates the following sections of the Florida Statutes: 393.0621, 393.0664, 413.001



**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/03/2025	.	
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The Committee on Children, Families, and Elder Affairs (Bradley) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (14) of section 393.0662, Florida  
Statutes, is amended to read:

393.0662 Individual budgets for delivery of home and  
community-based services; iBudget system established.—The  
Legislature finds that improved financial management of the  
existing home and community-based Medicaid waiver program is



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necessary to avoid deficits that impede the provision of services to individuals who are on the waiting list for enrollment in the program. The Legislature further finds that clients and their families should have greater flexibility to choose the services that best allow them to live in their community within the limits of an established budget. Therefore, the Legislature intends that the agency, in consultation with the Agency for Health Care Administration, shall manage the service delivery system using individual budgets as the basis for allocating the funds appropriated for the home and community-based services Medicaid waiver program among eligible enrolled clients. The service delivery system that uses individual budgets shall be called the iBudget system.

(14) (a) The agency, in consultation with the Agency for Health Care Administration, shall provide a quarterly reconciliation report of all home and community-based services waiver expenditures from the Agency for Health Care Administration's claims management system with service utilization from the Agency for Persons with Disabilities Allocation, Budget, and Contract Control system. The reconciliation report must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each quarter.

(b) The agency shall post its quarterly reconciliation reports on its website, in a conspicuous location, no later than 5 days after submitting the reports as required in this subsection.

Section 2. Subsection (12) of section 393.065, Florida



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Statutes, is renumbered as subsection (13), paragraph (a) of subsection (1), paragraph (b) of subsection (5), and subsection (10) are amended, and a new subsection (12) is added to that section, to read:

393.065 Application and eligibility determination.—

(1)(a) The agency shall develop and implement an online application process that, at a minimum, supports paperless, electronic application submissions with immediate e-mail confirmation to each applicant to acknowledge receipt of application upon submission. The online application system must allow an applicant to review the status of a submitted application and respond to provide additional information. The online application must allow an applicant to apply for crisis enrollment.

(5) Except as provided in subsections (6) and (7), if a client seeking enrollment in the developmental disabilities home and community-based services Medicaid waiver program meets the level of care requirement for an intermediate care facility for individuals with intellectual disabilities pursuant to 42 C.F.R. ss. 435.217(b)(1) and 440.150, the agency must assign the client to an appropriate preenrollment category pursuant to this subsection and must provide priority to clients waiting for waiver services in the following order:

(b) Category 2, which includes clients in the preenrollment categories who are:

1. From the child welfare system with an open case in the Department of Children and Families' statewide automated child welfare information system and who are either:

a. Transitioning out of the child welfare system into



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permanency; or

b. At least 18 years but not yet 22 years of age and who need both waiver services and extended foster care services; or

2. At least 18 years but not yet 22 years of age and who withdrew consent pursuant to s. 39.6251(5)(c) to remain in the extended foster care system.

For individuals who are at least 18 years but not yet 22 years of age and who are eligible under sub-subparagraph 1.b., the agency must provide waiver services, including residential habilitation, and must actively participate in transition planning activities, including, but not limited to, individualized service coordination, case management support, and ensuring continuity of care pursuant to s. 39.6035. The community-based care lead agency must fund room and board at the rate established in s. 409.145(3) and provide case management and related services as defined in s. 409.986(3)(e). Individuals may receive both waiver services and services under s. 39.6251. Services may not duplicate services available through the Medicaid state plan.

Within preenrollment categories 3, 4, 5, 6, and 7, the agency shall prioritize clients in the order of the date that the client is determined eligible for waiver services.

(10) The client, the client's guardian, or the client's family must ensure that accurate, up-to-date contact information is provided to the agency at all times. Notwithstanding s. 393.0651, the agency must send an annual letter requesting updated information from the client, the client's guardian, or



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the client's family. ~~The agency must remove from the preenrollment categories any individual who cannot be located using the contact information provided to the agency, fails to meet eligibility requirements, or becomes domiciled outside the state.~~

(12) To ensure transparency and timely access to information, the agency shall post on its website in a conspicuous location the total number of individuals in each priority category. The posted numbers shall reflect the current status of the preenrollment priority list and shall be updated at least every 5 days.

Section 3. Section 393.0664, Florida Statutes, is created to read:

393.0664 Adult Pathways Home and Community-based Services Medicaid waiver program.—

(1) PROGRAM IMPLEMENTATION.—

(a) The agency shall implement the Adult Pathways Home and Community-based Services Medicaid waiver program using a fee-for-service model with an annual per-person funding cap to address the needs of clients with developmental disabilities as they transition into adulthood and achieve greater independence throughout their lifetimes.

(b) The program is created to establish an additional pathway to provide necessary supports and services to clients and contain costs by maximizing the use of natural supports and community partnerships before turning to state resources to meet the needs of clients at the earliest possible time to prevent care crises and to positively influence outcomes relating to client health, safety, and well-being.



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(c) The agency, in partnership with the Agency for Health Care Administration, may seek federal approval through a state plan amendment or Medicaid waiver as necessary to implement the program. The Agency for Health Care Administration shall submit a request for any federal approval needed to implement the program by October 1, 2025.

(2) VOLUNTARY ENROLLMENT; ELIGIBILITY; DISENROLLMENT.—

(a) Participation in the program is voluntary and limited to the maximum number of enrollees authorized in the General Appropriations Act.

(b) The agency shall approve a needs assessment methodology to determine functional, behavioral, and physical needs of prospective enrollees. The assessment methodology may be administered only by persons who have completed any training required by the agency for such purpose. If required, the agency must offer any such training.

(c) To participate in the program, a client must meet all of the following criteria:

1. Be eligible for Medicaid.

2. Be eligible for a preenrollment category for Medicaid waiver services as provided in s. 393.065(5).

3. Be 18 to 28 years of age at the time of enrollment and have attained a high school diploma or the equivalent.

4. Meet the level of care required for home and community-based services as identified in the federal approval for the program.

(d) Enrollees may remain on the Adult Pathways waiver until the age of 32.

(e) Participation in the program does not affect the status



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of current clients of the home and community-based services  
Medicaid waiver program under s. 393.0662 unless a client, or  
his or her legal representative, voluntarily disenrolls from  
that program.

(f) Enrollees who voluntarily disenroll from the program  
must be allowed to return to the most appropriate preenrollment  
category for services under s. 393.065 based on a current needs  
assessment and the preenrollment category criteria.

(3) ADULT PATHWAYS WAIVER SERVICES.—

(a) The agency shall authorize covered services as  
specified in the Medicaid waiver which are medically necessary,  
including, but not limited to, any of the following:

1. Adult day training.
2. Companion services.
3. Employment services.
4. Personal supports.
5. Prevocational services.
6. Supported living coaching.
7. Transportation.
8. Care Coordination.

(b) Services must be provided to enrollees in accordance  
with an individualized care plan, which must be evaluated and  
updated at least annually and as often as warranted by changes  
in the enrollee's circumstances.

(4) PROGRAM ADMINISTRATION AND EVALUATION.—

(a) The agency shall begin enrollment upon federal approval  
of the Medicaid waiver, with coverage for enrollees becoming  
effective upon authorization and availability of sufficient  
state and federal funding and resources.





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(b) This section and any rules adopted pursuant thereto may not be construed to prevent or limit the agency, in consultation with the Agency for Health Care Administration, from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services; limiting enrollment; or making any other adjustment necessary based upon funding and any limitations imposed or directions provided in the General Appropriations Act.

(c) The agency, in consultation with the Agency for Health Care Administration, shall submit progress reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives upon federal approval of the Medicaid waiver and throughout implementation of the program under the waiver. By July 1, 2026, the Agency for Persons with Disabilities shall submit a progress report on the administration of the program, including, but not limited to, all of the following:

1. The number of enrollees in the program and other pertinent information on enrollment.

2. Service use.

3. Average cost per enrollee.

4. Outcomes and performance reporting relating to health, safety, and well-being of enrollees.

Section 4. Section 393.502, Florida Statutes, is amended to read:

393.502 Family care councils.—

(1) CREATION AND PURPOSE OF STATEWIDE FAMILY CARE COUNCIL.—  
~~There shall be established and located within each service area of the agency a family care council.~~



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(a) The Statewide Family Care Council is established to connect local family care councils and facilitate direct communication between local councils and the agency, with the goal of enhancing the quality of and access to resources and supports for individuals with developmental disabilities and their families.

(b) The statewide council shall:

1. Review annual reports, policy proposals, and program recommendations submitted by the local family care councils.

2. Advise the agency on statewide policies, programs, and service delivery improvements based on the collective recommendations of the local councils.

3. Identify systemic barriers to the effective delivery of services and recommend solutions to address such barriers.

4. Foster collaboration and the sharing of best practices and available resources among local family care councils to improve service delivery across regions.

5. Submit an annual report no later than December 1 of each year to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the agency. The report shall include a summary of local council findings, policy recommendations, and an assessment of the agency's actions in response to previous recommendations of the local councils.

(c) The agency shall provide a written response within 60 days after receipt, including a detailed action plan outlining steps taken or planned to address recommendations. The response must specify whether recommendations will be implemented and provide a timeline for implementation or include justification if recommendations are not adopted.



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(2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.—

(a) The statewide council shall consist of the following members appointed by the Governor:

1. One representative from each of the local family care councils, who must be a resident of the area served by that local council. Among these representatives must be at least one individual who is receiving waiver services from the agency under s. 393.065 and at least one individual who is assigned to a preenrollment category for waiver services under s. 393.065.

2. One individual representing an advocacy organization representing individuals with disabilities.

3. One representative of a public or private entity that provides services to individuals with developmental disabilities that does not have a Medicaid waiver service contract with the agency.

(b) Employees of the agency or the Agency for Health Care Administration are not eligible to serve on the statewide council.

(3) STATEWIDE FAMILY CARE COUNCIL TERMS; VACANCIES.—

(a) Statewide council members shall be initially appointed to staggered 2 and 4 year terms, with subsequent terms of 4 years. Members may be reappointed to one additional consecutive term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until at least 12 months have elapsed since ending service on the statewide council.

(c) Upon expiration of a term or in the case of any other vacancy, the statewide council shall, by majority vote, recommend to the Governor for appointment at least one person



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for each vacancy.

1. The Governor shall make an appointment within 45 days after receiving a recommendation from the statewide council. If the Governor fails to make an appointment for a member under subsection (2), the chair of the local council may appoint a member meeting the requirements of subsection (2) to act as the statewide council representative for that local council until the Governor makes an appointment.

2. If no member of a local council is willing and able to serve on the statewide council, the Governor shall appoint an individual from another local council to serve on the statewide council.

(4) STATEWIDE FAMILY CARE COUNCIL MEETINGS; ORGANIZATION.—The statewide council shall meet at least quarterly. The council meetings may be held in person or via teleconference or other electronic means.

(a) The Governor shall appoint the initial chair from among the members of the statewide council. Subsequent chairs shall be elected annually by a majority vote of the council.

(b) Members of the statewide council shall serve without compensation but may be reimbursed for per diem and travel expenses pursuant to s. 112.061.

(c) A majority of the members of the statewide council shall constitute a quorum.

(5) LOCAL FAMILY CARE COUNCILS.—There is established and located within each service area of the agency a local family care council to work constructively with the agency, advise the agency on local needs, identify gaps in services, and advocate for individuals with developmental disabilities and their



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families.

(6) LOCAL FAMILY CARE COUNCIL DUTIES.—The local family care councils shall:

(a) Assist in providing information and conducting outreach to individuals with developmental disabilities and their families.

(b) Convene family listening sessions at least twice a year to gather input on local service delivery challenges.

(c) Hold a public forum every 6 months to solicit public feedback concerning actions taken by the local family councils.

(d) Share information with other local family care councils.

(e) Identify policy issues relevant to the community and family support system in the region.

(f) Submit to the Statewide Family Care Council, no later than September 1 of each year, an annual report detailing proposed policy changes, program recommendations, and identified service delivery challenges within its region.

~~(7)-(2)~~ LOCAL FAMILY CARE COUNCIL MEMBERSHIP.—

(a) Each local family care council shall consist of at least 10 and no more than 15 members recommended by a majority vote of the local family care council and appointed by the Governor.

(b) At least three of the members of the council shall be individuals receiving or waiting to receive services from the agency. One such member shall be an individual who has been receiving services within the 4 years before the date of recommendation. The remainder of the council members shall be parents, grandparents, guardians, or siblings of individuals who



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have developmental disabilities and qualify for services pursuant to this chapter. For a grandparent to be a council member, the grandchild's parent or legal guardian must consent to the appointment and report the consent to the agency.

(c) A person who is currently serving on another board or council of the agency may not be appointed to a local family care council.

(d) Employees of the agency or the Agency for Health Care Administration are not eligible to serve on a local family care council.

(e) Persons related by consanguinity or affinity within the third degree shall not serve on the same local family care council at the same time.

(f) A chair for the council shall be chosen by the council members to serve for 1 year. A person may not serve ~~no~~ more than four 1-year terms as chair.

~~(8)(3)~~ LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.-

(a) Local family council members shall be appointed for a 3-year terms ~~term~~, except as provided in subsection (11) ~~(8)~~, and may be reappointed to one additional term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending his or her service on the local council.

(c) 1. Upon expiration of a term or in the case of any other vacancy, the local council shall, by majority vote, recommend to the Governor for appointment a person for each vacancy based on recommendations received from the family-led nominating committee described in paragraph (9)(a).

2. The Governor shall make an appointment within 45 days



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after receiving a recommendation. If the Governor fails to make an appointment within 45 days the local council shall, by majority vote, may select an interim appointment for each vacancy from the panel of candidates recommended by the family-led nominating committee.

(9)(4) LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.—

(a) The chair of each local family care council shall create, and appoint individuals receiving or waiting to receive services from the agency and their relatives, to serve on a family-led nominating committee. Members of the family-led nominating council need not be members of the local council. The family-led nominating committee shall nominate candidates for vacant positions on the local family council.

(b) The chair of the local family care council may appoint persons to serve on additional council committees. Such persons may include current members of the council and former members of the council and persons not eligible to serve on the council.

~~(5) TRAINING.—~~

~~(a) The agency, in consultation with the local councils, shall establish a training program for local family care council members. Each local area shall provide the training program when new persons are appointed to the local council and at other times as the secretary deems necessary.~~

~~(b) The training shall assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.~~

~~(c) All persons appointed to a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement shall be considered to have~~



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~~resigned from the council.~~

~~(10)(6)~~ LOCAL FAMILY CARE COUNCIL MEETINGS.—Local council members shall serve on a voluntary basis without payment for their services but shall be reimbursed for per diem and travel expenses as provided for in s. 112.061. Local councils ~~The council~~ shall meet at least six times per year. Meetings may be held in person or by teleconference or other electronic means.

~~(7) PURPOSE.~~—~~The purpose of the local family care councils shall be to advise the agency, to develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the plan. The primary functions of the local family care councils shall be to:~~

~~(a) Assist in providing information and outreach to families.~~

~~(b) Review the effectiveness of service programs and make recommendations with respect to program implementation.~~

~~(c) Advise the agency with respect to policy issues relevant to the community and family support system in the local area.~~

~~(d) Meet and share information with other local family care councils.~~

~~(11)(8)~~ NEW LOCAL FAMILY CARE COUNCILS.—When a local family care council is established for the first time in a local area, the Governor shall appoint the first four council members, who shall serve 3-year terms. These members shall submit to the Governor, within 90 days after their appointment, recommendations for at least six additional members, selected by majority vote.





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417        (12)(9) FUNDING; FINANCIAL REVIEW.—The statewide and local  
418 family care councils ~~council~~ may apply for, receive, and accept  
419 grants, gifts, donations, bequests, and other payments from any  
420 public or private entity or person. Each local council is  
421 subject to an annual financial review by staff assigned by the  
422 agency. Each local council shall exercise care and prudence in  
423 the expenditure of funds. The local family care councils shall  
424 comply with state expenditure requirements.

425        (13) TRAINING.—

426        (a) The agency, in consultation with the statewide and  
427 local councils, shall establish and provide a training program  
428 for council members.

429        (b) The training shall assist the council members to  
430 understand the laws, rules, and policies applicable to their  
431 duties and responsibilities.

432        (c) All persons newly appointed to the statewide or a local  
433 council must complete this training within 90 days after their  
434 appointment. A person who fails to meet this requirement is  
435 considered to have resigned from the council. The agency may  
436 make additional training available to council members.

437        (14) DUTIES.—The agency shall publish on its website all  
438 annual reports submitted by the local care councils and the  
439 Statewide Family Care Council within 15 days after receipt of  
440 such reports in a designated and easily accessible section of  
441 the website.

442        (15) ADMINISTRATIVE SUPPORT.—The agency shall provide  
443 administrative support to the statewide council and local  
444 councils, including, but not limited to, staff assistance and  
445 meeting facilities, within existing resources.



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Section 5. Subsections (1), (2), (3), and (6) of section 409.9855, Florida Statutes, are amended to read:

409.9855 Pilot program for individuals with developmental disabilities.—

(1) PILOT PROGRAM IMPLEMENTATION.—

(a) ~~Using a managed care model,~~ The agency shall implement a pilot program for individuals with developmental disabilities ~~in Statewide Medicaid Managed Care Regions D and I to provide coverage of comprehensive services~~ using a managed care model. The agency may seek federal approval through a state plan amendment or Medicaid waiver as necessary to implement the pilot program.

(b) The agency shall administer the pilot program pursuant to s. 409.903 and as a component of the Statewide Medicaid Managed Care model established by this section. Unless otherwise specified, ss. 409.961-409.969 apply to the pilot program. ~~The agency may seek federal approval through a state plan amendment or Medicaid waiver as necessary to implement the pilot program. The agency shall submit a request for any federal approval needed to implement the pilot program by September 1, 2023.~~

~~(c) Pursuant to s. 409.963, the agency shall administer the pilot program in consultation with the Agency for Persons with Disabilities.~~

~~(c)(d)~~ The agency shall make capitated payments to managed care organizations for comprehensive coverage, including managed medical assistance benefits and long-term care under this part and community-based services described in s. 393.066(3) ~~and approved through the state's home and community-based services Medicaid waiver program for individuals with developmental~~



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~~disabilities. Unless otherwise specified, ss. 409.961-409.969 apply to the pilot program.~~

~~(c) The agency shall evaluate the feasibility of statewide implementation of the capitated managed care model used by the pilot program to serve individuals with developmental disabilities.~~

(2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.—

(a) Participation in the pilot program is voluntary and limited to the maximum number of enrollees specified in the General Appropriations Act.

(b) To be eligible for enrollment in the pilot program, an individual must:

~~(b) The Agency for Persons with Disabilities shall approve a needs assessment methodology to determine functional, behavioral, and physical needs of prospective enrollees. The assessment methodology may be administered by persons who have completed such training as may be offered by the agency. Eligibility to participate in the pilot program is determined based on all of the following criteria:~~

1. Be Medicaid eligible.

~~1. Whether the individual is eligible for Medicaid.~~

2. Be Whether the individual is 18 years of age or older.

3. Have a developmental disability as defined in s. 393.063.

4. Be placed in any preenrollment category for individual budget waiver services under chapter 393 and reside in Statewide Medicaid Managed Care Regions D or I; effective October 1, 2025, be placed in any preenrollment category for individual budget waiver services under chapter 393 regardless of region; or, effective July 1, 2026, be enrolled in the individual budget



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waiver services program under chapter 393 or in the long-term  
care managed care program under this part regardless of region  
~~and is on the waiting list for individual budget waiver services~~  
~~under chapter 393 and assigned to one of categories 1 through 6~~  
~~as specified in s. 393.065(5).~~

~~3. Whether the individual resides in a pilot program~~  
~~region.~~

(c) The agency shall enroll individuals in the pilot  
program based on verification that the individual has met the  
criteria in paragraph (b).

1. The Agency for Persons with Disabilities shall transmit  
to the agency weekly data files of clients enrolled in the  
Medicaid home and community-based services waiver program under  
chapter 393 and clients in preenrollment categories pursuant to  
s. 393.065. The agency shall maintain a record of individuals  
with developmental disabilities who may be eligible for the  
pilot program using this data, Medicaid enrollment data  
transmitted by the Department of Children and Families, and any  
available collateral data.

2. The agency shall determine and administer the process  
for enrollment. A needs assessment conducted by the Agency for  
Persons with Disabilities is not required for enrollment. The  
agency shall notify individuals with developmental disabilities  
of the opportunity to voluntarily enroll in the pilot program  
and explain the benefits available through the pilot program,  
the process for enrollment, and the procedures for  
disenrollment, including the requirement for continued coverage  
after disenrollment pursuant to paragraph (d).

3. The agency shall provide a call center staffed by agents



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trained to assist individuals with developmental disabilities  
and their families in learning about and enrolling in the pilot  
program.

4. The agency shall coordinate with the Department of  
Children and Families and the Agency for Persons with  
Disabilities to develop partnerships with community-based  
organizations to disseminate information about the pilot program  
to providers of covered services and potential enrollees.

(d) Notwithstanding any provisions of s. 393.065 to the  
contrary, an enrollee must be afforded an opportunity to enroll  
in any appropriate existing Medicaid waiver program if any of  
the following conditions occur:

1. At any point during the operation of the pilot program,  
an enrollee declares an intent to voluntarily disenroll,  
provided that he or she has been covered for the entire previous  
plan year by the pilot program.

2. The agency determines the enrollee has a good cause  
reason to disenroll.

3. The pilot program ceases to operate.

Such enrollees must receive an individualized transition plan to  
assist him or her in accessing sufficient services and supports  
for the enrollee's safety, well-being, and continuity of care.

(3) PILOT PROGRAM BENEFITS.—

(a) Plans participating in the pilot program must, at a  
minimum, cover the following:

1. All benefits included in s. 409.973.

2. All benefits included in s. 409.98.

3. All benefits included in s. 393.066(3).



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4. Any additional benefits negotiated by the agency pursuant to paragraph (4) (b), and all of the following:

- ~~a. Adult day training.~~
- ~~b. Behavior analysis services.~~
- ~~c. Behavior assistant services.~~
- ~~d. Companion services.~~
- ~~e. Consumable medical supplies.~~
- ~~f. Dietitian services.~~
- ~~g. Durable medical equipment and supplies.~~
- ~~h. Environmental accessibility adaptations.~~
- ~~i. Occupational therapy.~~
- ~~j. Personal emergency response systems.~~
- ~~k. Personal supports.~~
- ~~l. Physical therapy.~~
- ~~m. Prevocational services.~~
- ~~n. Private duty nursing.~~
- ~~o. Residential habilitation, including the following levels:~~
  - ~~(I) Standard level.~~
  - ~~(II) Behavior-focused level.~~
  - ~~(III) Intensive behavior level.~~
  - ~~(IV) Enhanced intensive behavior level.~~
- ~~p. Residential nursing services.~~
- ~~q. Respiratory therapy.~~
- ~~r. Respite care.~~
- ~~s. Skilled nursing.~~
- ~~t. Specialized medical home care.~~
- ~~u. Specialized mental health counseling.~~
- ~~v. Speech therapy.~~



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~~w. Support coordination.~~

~~x. Supported employment.~~

~~y. Supported living coaching.~~

~~z. Transportation.~~

(b) All providers of the benefits services listed under paragraph (a) must meet the provider qualifications established by the agency for the Medicaid long-term care managed care program under this section. If no such qualifications apply to a specific benefit or provider type, the provider must meet the provider qualifications established by the Agency for Persons with Disabilities for the individual budget waiver services program under chapter 393 outlined in the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook as adopted by reference in rule 59C-13.070, Florida Administrative Code.

(c) Support coordination services must maximize the use of natural supports and community partnerships.

(d) The plans participating in the pilot program must provide all categories of benefits through a single, integrated model of care.

(e) Participating plans must provide benefits services must be provided to enrollees in accordance with an individualized care plan which is evaluated and updated at least quarterly and as warranted by changes in an enrollee's circumstances. Participating plans must conduct an individualized assessment of each enrollee within 5 days after enrollment to determine the enrollee's functional, behavioral, and physical needs. The assessment method or instrument must be approved by the agency.

(f) Participating plans must offer a consumer-directed



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services option in accordance with s. 409.221.

(6) PROGRAM IMPLEMENTATION AND EVALUATION.—

(a) The agency shall conduct monitoring and evaluations and require corrective actions or payment of penalties as may be necessary to secure compliance with contractual requirements, consistent with its obligations under this section, including, but not limited to, compliance with provider network standards, financial accountability, performance standards, health care quality improvement systems, and program integrity ~~select participating plans and begin enrollment no later than January 31, 2024, with coverage for enrollees becoming effective upon authorization and availability of sufficient state and federal resources.~~

~~(b) Upon implementation of the program, the agency, in consultation with the Agency for Persons with Disabilities, shall conduct audits of the selected plans' implementation of person-centered planning.~~

~~(b)(c)~~ The agency, ~~in consultation with the Agency for Persons with Disabilities,~~ shall submit progress reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives upon the federal approval, implementation, and operation of the pilot program, as follows:

1. By August 30, 2025 ~~December 31, 2023~~, a status report on progress made toward federal approval of the waiver or waiver amendment needed to implement the pilot program.

2. By December 31, 2025 ~~2024~~, a status report on implementation of the pilot program.

3. By December 31, 2025, and annually thereafter, a status report on the operation of the pilot program, including, but not





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limited to, all of the following:

a. Program enrollment, including the number and demographics of enrollees.

b. Any complaints received.

c. Access to approved services.

(c)~~(d)~~ The agency~~, in consultation with the Agency for Persons with Disabilities,~~ shall establish specific measures of access, quality, and costs of the pilot program. The agency may contract with an independent evaluator to conduct such evaluation. The evaluation must include assessments of cost savings; consumer education, choice, and access to services; plans for future capacity and the enrollment of new Medicaid providers; coordination of care; person-centered planning and person-centered well-being outcomes; health and quality-of-life outcomes; and quality of care by each eligibility category and managed care plan in each pilot program site. The evaluation must describe any administrative or legal barriers to the implementation and operation of the pilot program in each region.

1. The agency~~, in consultation with the Agency for Persons with Disabilities,~~ shall conduct quality assurance monitoring of the pilot program to include client satisfaction with services, client health and safety outcomes, client well-being outcomes, and service delivery in accordance with the client's care plan.

2. The agency shall submit the results of the evaluation to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2029.

Section 6. This act shall take effect July 1, 2025.



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===== T I T L E   A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled  
An act relating to services for individuals with  
developmental disabilities; amending s. 393.0662,  
F.S.; requiring the Agency for Persons with  
Disabilities to post its quarterly reconciliation  
reports on its website within a specified timeframe;  
amending s. 393.065, F.S.; providing a requirement for  
the online application system to allow an applicant to  
apply for crisis enrollment; removing a requirement  
for the agency to remove certain individuals from the  
preenrollment categories under certain circumstances;  
requiring the agency to participate in transition  
planning activities and to post the total number of  
individuals in each priority category on its website;  
creating s. 393.0664, F.S.; requiring the agency to  
implement a specified Medicaid waiver program to  
address the needs of certain clients; providing the  
purpose of the program; authorizing the agency, in  
partnership with the Agency for Health Care  
Administration, to seek federal approval through a  
state plan amendment or Medicaid waiver to implement  
the program by a specified date; providing voluntary  
enrollment, eligibility, and disenrollment  
requirements; requiring the agency to approve a needs  
assessment methodology; providing that only persons



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trained by the agency may administer the methodology;  
requiring the agency to offer such training; requiring  
the agency to authorize certain covered services  
specified in the Medicaid waiver; providing  
requirements for such services; requiring the agency  
to begin enrollment in the program upon federal  
approval; providing construction; requiring the  
agency, in consultation with the Agency for Health  
Care Administration, to submit progress reports to the  
Governor and the Legislature upon federal approval and  
throughout implementation of the program; requiring  
the agency to submit, by a specified date, a progress  
report on the administration of the program;  
specifying requirements for the report; amending s.  
393.502, F.S.; establishing the Statewide Family Care  
Council; providing for the purpose, membership, and  
duties of the council; requiring local family care  
councils to report to the statewide council policy  
changes and program recommendations in an annual  
report; providing for appointment of council members;  
providing for the creation of family-led nominating  
committees; providing duties of the agency relating to  
the statewide council and local councils; amending s.  
409.9855, F.S.; revising implementation and  
eligibility requirements of the pilot program for  
individuals with developmental disabilities; requiring  
the Agency for Persons with Disabilities to transmit  
to the Agency for Health Care Administration weekly  
data files of specified clients; requiring the Agency



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for Health Care Administration to provide a call center for specified purposes and to coordinate with the Department of Children and Families and the Agency for Persons with Disabilities to disseminate information about the pilot program; revising pilot program benefits; revising provider qualifications; requiring participating plans to conduct an individualized assessment of each enrollee within a specified timeframe for certain purposes and to offer certain services to such enrollees; requiring the Agency for Health Care Administration to conduct monitoring and evaluations and require corrective actions or payment of penalties under certain circumstances; removing coordination requirements for the agency when submitting certain reports, establishing specified measures, and conducting quality assurance monitoring of the pilot program; revising dates for submitting certain status reports; providing an effective date.

By Senator Bradley

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A bill to be entitled

An act relating to the reporting of student mental health outcomes; creating s. 394.4575, F.S.; requiring the Department of Children and Families to annually submit a specified evaluation to the Governor and Legislature by a specified date; providing evaluation requirements; requiring the department to create a survey tool for specified purposes; authorizing the department to include survey results in the evaluation; amending s. 1001.212, F.S.; requiring the coordinator to report specified referrals to the department for reporting and evaluation purposes; deleting an obsolete provision; amending s. 1006.041, F.S.; requiring each school district to provide specified information to the department for reporting and evaluation purposes; revising certain plan requirements to include mobile response teams; removing a provision authorizing a mental health professional to be available to the school district through specified agreements; requiring each school district to submit certain approved plans and reports to the Department of Children and Families rather than the Department of Education; requiring the Department of Children and Families to annually certify receipt of and compliance with certain requirements to the Department of Education by specified dates; amending s. 1006.07, F.S.; requiring each district school board's mental health coordinator to serve as the Department of Children and Families' primary point of

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30 contact and coordinate with the department to prepare  
31 certain evaluations; requiring the coordinator to  
32 annually provide certain policies and procedures to  
33 the department; revising membership of a threat  
34 management team to include specified mental health  
35 providers; requiring the team to provide specified  
36 information to the department for reporting and  
37 evaluation purposes; requiring a threat management  
38 coordinator to report certain data to the department;  
39 amending s. 1012.584, F.S.; requiring each school  
40 district to notify certain school personnel of the  
41 availability of specified mental health providers;  
42 providing an effective date.

43  
44 Be It Enacted by the Legislature of the State of Florida:

45  
46 Section 1. Section 394.4575, Florida Statutes, is created  
47 to read:

48 394.4575 Student mental health assistance program  
49 evaluation.—

50 (1) On or before December 1 each year, the department shall  
51 submit to the Governor, the President of the Senate, and the  
52 Speaker of the House of Representatives and publish on its  
53 website an evaluation of mental health services and supports  
54 provided to students pursuant to ss. 1001.212(11), 1006.041, and  
55 1012.584(4). The department shall provide an evaluation of  
56 expenditure plans and program outcome reports submitted by  
57 school districts as required in s. 1006.041, and assess  
58 treatment outcomes and the effectiveness of mental health

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59 services provided pursuant to s. 1006.041(2)(a) and (b). The  
60 department shall also utilize other relevant information  
61 collected by the department to evaluate treatment outcomes,  
62 system capacity, and performance. School district threat  
63 management coordinators and mental health coordinators as  
64 described in s. 1006.07 shall provide information and reports to  
65 the department for evaluation and inclusion in the report.

66 (2) The department shall create a survey tool for students  
67 using mental health services and supports described in this  
68 section for the purpose of assessing the patient experience and  
69 self-reported treatment outcomes. The results shall be  
70 deidentified before being transmitted to the department.  
71 Students or their parents or legal guardians may complete the  
72 survey. The department may include survey results in the annual  
73 evaluation under subsection (1).

74 Section 2. Paragraph (a) of subsection (11) of section  
75 1001.212, Florida Statutes, is amended to read:

76 1001.212 Office of Safe Schools.—There is created in the  
77 Department of Education the Office of Safe Schools. The office  
78 is fully accountable to the Commissioner of Education. The  
79 office shall serve as a central repository for best practices,  
80 training standards, and compliance oversight in all matters  
81 regarding school safety and security, including prevention  
82 efforts, intervention efforts, and emergency preparedness  
83 planning. The office shall:

84 (11) Develop a statewide behavioral threat management  
85 operational process, a Florida-specific behavioral threat  
86 assessment instrument, and a threat management portal.

87 (a)1. ~~By December 1, 2023,~~ The office shall develop a

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statewide behavioral threat management operational process to guide school districts, schools, charter school governing boards, and charter schools through the threat management process. The process must be designed to identify, assess, manage, and monitor potential and real threats to schools. This process must include, but is not limited to:

- a. The establishment and duties of threat management teams.
- b. Defining behavioral risks and threats.
- c. The use of the Florida-specific behavioral threat assessment instrument developed pursuant to paragraph (b) to evaluate the behavior of students who may pose a threat to the school, school staff, or other students and to coordinate intervention and services for such students.
- d. Upon the availability of the threat management portal developed pursuant to paragraph (c), the use, authorized user criteria, and access specifications of the portal.
- e. Procedures for the implementation of interventions, school support, and community services.
- f. Guidelines for appropriate law enforcement intervention.
- g. Procedures for risk management.
- h. Procedures for disciplinary actions.
- i. Mechanisms for continued monitoring of potential and real threats.
- j. Procedures for referrals to mental health services identified by the school district or charter school governing board pursuant to s. 1012.584(4). Referrals to mental health services originating from the behavioral threat process or assessment instrument shall be reported, in the aggregate, by the threat management coordinator, designated in s.



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117 1006.07(7)(j), to the Department of Children and Families for  
118 reporting and evaluation purposes pursuant to s. 394.4575.

119 k. Procedures and requirements necessary for the creation  
120 of a threat assessment report, all corresponding documentation,  
121 and any other information required by the Florida-specific  
122 behavioral threat assessment instrument under paragraph (b).

123 2. Upon availability, each school district, school, charter  
124 school governing board, and charter school must use the  
125 statewide behavioral threat management operational process.

126 3. The office shall provide training to all school  
127 districts, schools, charter school governing boards, and charter  
128 schools on the statewide behavioral threat management  
129 operational process.

130 4. The office shall coordinate the ongoing development,  
131 implementation, and operation of the statewide behavioral threat  
132 management operational process.

133 Section 3. Section 1006.041, Florida Statutes, is amended  
134 to read:

135 1006.041 Mental health assistance program.—Each school  
136 district must implement a school-based mental health assistance  
137 program that includes training classroom teachers and other  
138 school staff in detecting and responding to mental health issues  
139 and connecting children, youth, and families who may experience  
140 behavioral health issues with appropriate services. Each school  
141 district must provide information relating to student mental  
142 health programs, services, and treatments to the Department of  
143 Children and Families for reporting and evaluation purposes  
144 pursuant to s. 394.4575.

145 (1) Each school district must develop, and submit to the

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146 district school board for approval, a detailed plan outlining  
147 the components and planned expenditures of the district's mental  
148 health assistance program. The plan must include all district  
149 schools, including charter schools, unless a charter school  
150 elects to submit a plan independently from the school district.  
151 A charter school plan must comply with all of the provisions of  
152 this section and must be approved by the charter school's  
153 governing body and provided to the charter school's sponsor.

154 (2) A plan required under subsection (1) must be focused on  
155 a multitiered system of supports to deliver evidence-based  
156 mental health care assessment, diagnosis, intervention,  
157 treatment, and recovery services to students with one or more  
158 mental health or co-occurring substance abuse diagnoses and to  
159 students at high risk of such diagnoses. The provision of these  
160 services must be coordinated with a student's primary mental  
161 health care provider and with other mental health providers  
162 involved in the student's care. At a minimum, the plan must  
163 include all of the following components:

164 (a) Direct employment of school-based mental health  
165 services providers to expand and enhance school-based student  
166 services and to reduce the ratio of students to staff in order  
167 to better align with nationally recommended ratio models. The  
168 providers shall include, but are not limited to, certified  
169 school counselors, school psychologists, school social workers,  
170 and other licensed mental health professionals. The plan must  
171 also identify strategies to increase the amount of time that  
172 school-based student services personnel spend providing direct  
173 services to students, which may include the review and revision  
174 of district staffing resource allocations based on school or

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student mental health assistance needs.

(b) Contracts or interagency agreements with one or more local community behavioral health providers, mobile response teams, or providers of Community Action Team services to provide a behavioral health staff presence and services to students at district schools. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services, and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth as defined in s. 456.47(1).

(c) Policies and procedures, including contracts with service providers, which will ensure that:

1. Students referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 days after referral. School-based mental health services must be initiated within 15 days after identification and assessment, and support by community-based mental health service providers for students who are referred for community-based mental health services must be initiated within 30 days after the school or district makes a referral.

2. Parents of a student receiving services under this subsection are provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers. A school may meet this requirement by providing information about and

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Internet addresses for web-based directories or guides for local behavioral health services.

3. Individuals living in a household with a student receiving services under this subsection are provided information about behavioral health services available through other delivery systems or payors for which such individuals may qualify, if such services appear to be needed or enhancements in such individuals' behavioral health would contribute to the improved well-being of the student.

(d) Strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems; depression; anxiety disorders; suicidal tendencies; or substance use disorders.

(e) Strategies to improve the early identification of social, emotional, or behavioral problems or substance use disorders; to improve the provision of early intervention services; and to assist students in dealing with trauma and violence.

(f) Procedures to assist a mental health services provider or a behavioral health provider as described in paragraph (a) or paragraph (b), respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as defined in s. 393.063.

(g) Policies of the school district which must require that in a student crisis situation, school or law enforcement

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personnel must make a reasonable attempt to contact a mental health professional as described in paragraph (a) or paragraph (b) who may initiate an involuntary examination pursuant to s. 394.463, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to s. 394.463. Such contact may be in person or through telehealth. ~~The mental health professional may be available to the school district either by a contract or interagency agreement with the managing entity, one or more local community-based behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.~~

(3) Each school district shall submit its approved plan, including approved plans of each charter school in the district, to the Department of Children and Families ~~Department of Education~~ by August 1 of each fiscal year. The Department of Children and Families shall certify receipt of and compliance with all of the requirements of this subsection to the Department of Education by September 1 of each fiscal year.

(4) Annually by September 30, each school district shall submit to the Department of Children and Families ~~Department of Education~~ a report on its program outcomes and expenditures for the previous fiscal year. The Department of Children and Families shall certify receipt of and compliance with all the requirements of this subsection to the Department of Education by October 1 of each fiscal year. ~~that,~~ At a minimum, the report must include the total number of each of the following:

(a) Students who receive screenings or assessments.

(b) Students who are referred to school-based or community-based providers for services or assistance.

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(c) Students who receive school-based or community-based interventions, services, or assistance.

(d) School-based and community-based mental health providers, including licensure type.

(e) Contract-based or interagency agreement-based collaborative efforts or partnerships with community-based mental health programs, agencies, or providers.

Section 4. Paragraph (b) of subsection (6) and paragraphs (b), (i), and (j) of subsection (7) of section 1006.07, Florida Statutes, are amended to read:

1006.07 District school board duties relating to student discipline and school safety.—The district school board shall provide for the proper accounting for all students, for the attendance and control of students at school, and for proper attention to health, safety, and other matters relating to the welfare of students, including:

(6) SAFETY AND SECURITY BEST PRACTICES.—Each district school superintendent shall establish policies and procedures for the prevention of violence on school grounds, including the assessment of and intervention with individuals whose behavior poses a threat to the safety of the school community.

(b) *Mental health coordinator*.—Each district school board shall identify a mental health coordinator for the district. The mental health coordinator shall serve as the district's and the Department of Children and Families' primary point of contact regarding the district's coordination, communication, and implementation of student mental health policies, procedures, responsibilities, and reporting, including:

1. Coordinating with the Department of Children and

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291 Families and the Office of Safe Schools, established pursuant to  
292 s. 1001.212.

293 2. Maintaining records and reports regarding student mental  
294 health as it relates to the mental health assistance program  
295 under s. 1006.041 and school safety.

296 3. Facilitating the implementation of school district  
297 policies relating to the respective duties and responsibilities  
298 of the school district, the superintendent, and district school  
299 principals.

300 4. Coordinating with the Department of Children and  
301 Families to prepare evaluations on student mental health  
302 programs, services, and treatments provided pursuant to s.  
303 394.4575. The coordinator shall assist the Department of  
304 Children and Families in the evaluation of treatment outcomes  
305 and the development of a survey tool as described in s.  
306 394.4575(2).

307 ~~5.4.~~ Coordinating with the school safety specialist on the  
308 staffing and training of threat management teams and  
309 facilitating referrals to mental health services, as  
310 appropriate, for students and their families.

311 ~~6.5.~~ Coordinating with the school safety specialist on the  
312 training and resources for students and school district staff  
313 relating to youth mental health awareness and assistance.

314 ~~7.6.~~ Reviewing annually the school district's policies and  
315 procedures related to student mental health for compliance with  
316 state law and alignment with current best practices and making  
317 recommendations, as needed, for amending such policies and  
318 procedures to the superintendent and the district school board.  
319 Policies and procedures shall be provided to the Department of

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320 Children and Families annually.

321 (7) THREAT MANAGEMENT TEAMS.—Each district school board and  
322 charter school governing board shall establish a threat  
323 management team at each school whose duties include the  
324 coordination of resources and assessment and intervention with  
325 students whose behavior may pose a threat to the safety of the  
326 school, school staff, or students.

327 (b) A threat management team shall include persons  
328 certified under s. 1012.584(4) with expertise in counseling,  
329 instruction, school administration, and law enforcement. All  
330 members of the threat management team must be involved in the  
331 threat assessment and threat management process and final  
332 decisionmaking. At least one member of the threat management  
333 team must have personal familiarity with the individual who is  
334 the subject of the threat assessment. If no member of the threat  
335 management team has such familiarity, a member of the  
336 instructional personnel or administrative personnel, as those  
337 terms are defined in s. 1012.01(2) and (3), who is personally  
338 familiar with the individual who is the subject of the threat  
339 assessment must consult with the threat management team for the  
340 purpose of assessing the threat. The instructional or  
341 administrative personnel who provides such consultation may  
342 ~~shall~~ not participate in the decisionmaking process.

343 (i) The threat management team shall prepare a threat  
344 assessment report required by the Florida-specific behavioral  
345 threat assessment instrument developed pursuant to s.  
346 1001.212(11). A threat assessment report, all corresponding  
347 documentation, and any other information required by the  
348 Florida-specific behavioral threat assessment instrument in the



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threat management portal is an education record. Information relating to treatment referrals and mental health assessments shall be provided to the Department of Children and Families for reporting and evaluation purposes pursuant to s. 394.4575.

(j) Each district school board shall establish a threat management coordinator to serve as the primary point of contact regarding the district's coordination, communication, and implementation of the threat management program and to report quantitative data to the Department of Children and Families and the Office of Safe Schools in accordance with guidance from the office.

Section 5. Subsection (4) of section 1012.584, Florida Statutes, is amended to read:

1012.584 Continuing education and inservice training for youth mental health awareness and assistance.—

(4) Each school district shall notify all school personnel who have received training pursuant to this section of mental health services that are available to students from mental health services providers as described in s. 1006.041(2)(a) and (b) ~~in the school district~~, and the individual to contact if a student needs services. The term "mental health services" includes, but is not limited to, community mental health services, health care providers, and services provided under ss. 1006.04 and 1006.041.

Section 6. This act shall take effect July 1, 2025.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

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BILL: CS/SB 1310

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bradley

SUBJECT: Reporting of Student Mental Health Outcomes

DATE: April 2, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	<b>Fav/CS</b>
2.			AHS	
3.			FP	

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 1310 requires the Office of Program Policy Analysis and Government Accountability (OPPAGA), in consultation with the Department of Children and Families (DCF), the Department of Education (DOE), the Louis de la Parte Florida Mental Health Institute, and other relevant stakeholders to evaluate school district's compliance with the provision of mental health services and supports to students in school.

The bill requires the DOE, school district threat management coordinators, and mental health coordinators to provide specified information to OPPAGA for reporting and evaluation purposes.

The bill requires the DCF and the Louis de la Parte Florida Mental Health Institute to coordinate with OPPAGA and provide requested information related to the performance of the coordinated behavioral health system of care pursuant to Ch. 394, F.S.

The bill has no fiscal impact on the state government or the private sector. *See* Section V. Fiscal Impact Statement.

The bill takes effect upon becoming a law.

## II. Present Situation:

### Mental Health in Schools

Mental illnesses are conditions that affect an individual's thinking, feeling, mood, and behavior.<sup>1</sup> While many children may not experience mental distress,<sup>2</sup> some children may experience prolonged mental distress that may affect their ability to connect with their peers, participate in activities, and affect their day-to-day lives.<sup>3</sup> It is estimated that one in six youth aged 6-17 years of age experience a mental health disorder annually.<sup>4</sup> Receiving school-based early treatment from trained mental health professionals may help students manage their mental health and have positive school outcomes.<sup>5</sup>

### Office of Program Policy Analysis and Government Accountability (OPPAGA)

The Florida Legislature created the Office of Program Policy Analysis and Government Accountability (OPPAGA) in 1994.<sup>6</sup> The OPPAGA is a research arm of the Legislature and conducts examinations of governmental entities to help improve the performance and accountability of state government.<sup>7</sup> The Legislature, presiding officers of the Legislature, or the Joint Legislative Auditing Committee may direct OPPAGA to conduct research on a specific topic or governmental entity.<sup>8</sup> Generally, OPPAGA provides the following research services<sup>9</sup>:

- Performance evaluations and policy reviews of government programs.
- Research and technical assistance to legislators and legislative committees.
- Government Program Summaries that contain descriptive and evaluative information on all major state programs.
- Weekly electronic newsletters of policy research.

### The Louis de la Parte Florida Mental Health Institute

In 2002, the Legislature established the Louis de la Parte Florida Mental Health Institute (FMHI) within the University of South Florida.<sup>10</sup> FMHI is designed to provide technical assistance and

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<sup>1</sup> National Library of Medicine, *Mental Disorders*, available at: <https://medlineplus.gov/mentaldisorders.html> (last visited 3/20/25).

<sup>2</sup> U.S. Centers for Disease Control, *Data and Statistics on Children's Mental Health*, available at: <https://www.cdc.gov/children-mental-health/data-research/index.html> (last visited 3/20/25).

<sup>3</sup> National Library of Medicine, *Mental Disorders*, available at: <https://medlineplus.gov/mentaldisorders.html> (last visited 3/20/25); and National Alliance on Mental Illness, *Mental Health in Schools*, available at: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools/> (last visited 3/20/25).

<sup>4</sup> National Alliance on Mental Illness, *Mental Health in Schools*, available at: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools/> (last visited 3/20/25).

<sup>5</sup> National Alliance on Mental Illness, *Mental Health in Schools*, available at: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools/> (last visited 3/20/25).

<sup>6</sup> Chapter 94-249, L.O.F.

<sup>7</sup> Office of Program Policy Analysis and Government Accountability, *About OPPAGA*, available at: <https://oppaga.fl.gov/About> (last visited 3/28/25).

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> Chapter 2002-387, L.O.F.

support services to mental health agencies and mental health professionals.<sup>11</sup> Such assistance and services shall include the following<sup>12</sup>:

- Technical training and specialized education.
- Development, implementation, and evaluation of mental health service programs.
- Evaluation of availability and effectiveness of existing mental health services.
- Analysis of factors that influence the incidence and prevalence of mental and emotional disorders.
- Dissemination of information about innovations in mental health services.
- Consultation on all aspects of program development and implementation.
- Provisions for direct client services, provided for a limited period of time either in the institute facility or in other facilities within the state, and limited to purposes of research or training.

FMHI is the largest behavioral health services research center in the United States. One of its main research focuses is the system of mental health care for children.<sup>13</sup> In addition to research, FMHI consults with school districts to ensure mobile response teams can provide immediate, onsite behavioral health crisis services to children.<sup>14</sup>

### **Department of Children and Families**

The Department of Children and Families (DCF) is directed to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.<sup>15</sup> The DCF provides services relating to the following<sup>16</sup>:

- Adult protection.
- Child care regulation.
- Child welfare.
- Domestic violence.
- Economic self-sufficiency.
- Homelessness.
- Mental health.
- Refugees.
- Substance Abuse.

The DCF is required to prepare a state master plan for the delivery and financing of a system of publicly funded, community-based substance abuse and mental health services throughout the state. This plan must include strategies for meeting the treatment and support needs of children

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<sup>11</sup> Section 1004.44, F.S.

<sup>12</sup> *Id.*

<sup>13</sup> University of South Florida, *Louis de la Parte Florida Mental Health Institute Research*, available at: <https://www.usf.edu/cbcs/fmhi/research/index.aspx> (last visited 3/28/25).

<sup>14</sup> Section 1004.44 (4), F.S. and section 394.495, F.S.

<sup>15</sup> Section 20.19, F.S.

<sup>16</sup> Section 20.19, F.S.

and adolescents who have, or are at risk of having, mental, emotional, or substance abuse problems.<sup>17</sup>

### **State Board of Education**

The State Board of Education is the chief implementing and coordinating body of public education in Florida.<sup>18</sup> It consists of seven members appointed by the Governor and confirmed by the Senate.<sup>19</sup> The State Board of Education appoints the Commissioner of Education and is the Executive Director of the Department of Education (DOE).<sup>20</sup>

The State Board of Education exercises general supervision over the divisions of the Department of Education.<sup>21</sup> The divisions of the Department of Education include the following<sup>22</sup>:

- Division of Florida Colleges.
- Division of Public Schools.
- Division of Early Learning.
- Division of Career and Adult Education.
- Division of Vocational Rehabilitation.
- Division of Blind Services.
- Division of Accountability, Research, and Measurement.
- Division of Finance and Operations.
- Office of K-20 Articulation.
- The Office of Independent Education and Parental Choice.
- The Office of Safe Schools.

### ***Office of Safe Schools***

The Office of Safe Schools (Office) was codified within the Department of Education in 2018, after the mass shooting at Marjory Stoneman Douglas High School in Parkland, Florida on February 14, 2018.<sup>23</sup> The mission of the Office is to support school districts in providing a safe learning environment for students and educators through prevention, intervention, and emergency preparedness planning.<sup>24</sup>

In 2023, the Legislature directed the Office to develop a statewide behavioral threat management operational process, a Florida-specific behavioral threat assessment instrument, and a threat management portal.<sup>25</sup> Florida law requires the statewide behavioral threat management operational process to guide school districts, schools, charter school governing boards, and charter schools through the threat management process that identifies, assesses, manages, and

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<sup>17</sup> Section 394.75, F.S.

<sup>18</sup> Section 1001.02, F.S.

<sup>19</sup> Section 2, Article IX of the State Constitution.

<sup>20</sup> Section 20.15, F.S.

<sup>21</sup> Section 1001.02, F.S.

<sup>22</sup> Section 20.15(3), F.S.

<sup>23</sup> Chapter 2018-3, L.O.F. and Florida Department of Education, *Office of Safe Schools: What We Do*, available at: <https://www.fldoe.org/safe-schools/what-we-do.stml> (last visited 3/20/25).

<sup>24</sup> Florida Department of Education, *Office of Safe Schools*, available at: <https://www.fldoe.org/safe-schools/> (last visited 3/20/25).

<sup>25</sup> Chapter 2023-18, L.O.F.

monitors potential and real threats to schools. This process must include, but is not limited to the following<sup>26</sup>:

- The establishment and duties of threat management teams.
- Defining behavioral risks and threats.
- The use of the Florida-specific behavioral threat assessment instrument developed to evaluate the behavior of students who may pose a threat to the school, school staff, or other students and to coordinate intervention and services for such students.
- Upon the availability of the threat management portal, the use, authorized user criteria, and access specifications of the portal.
- Procedures for the implementation of interventions, school support, and community services.
- Guidelines for appropriate law enforcement intervention.
- Procedures for risk management.
- Procedures for disciplinary actions.
- Mechanisms for continued monitoring of potential and real threats.
- Procedures for referrals to mental health services identified by the school district or charter school governing board pursuant to the statutory requirement for education and inservice training for youth mental health awareness and assistance.
- Procedures and requirements necessary for the creation of a threat assessment report, all corresponding documentation, and any other information required by the Florida-specific behavioral threat assessment instrument.

Each school district, school, charter school governing board, and charter school are required to use the statewide behavioral threat management operational process. The Office is required to provide training on the operational process and coordinate the ongoing development, implementation, and operation of the operational process.<sup>27</sup>

### **Student Mental Health**

Each school district is required to implement a school-based mental health assistance program that includes training classroom teachers and other school staff in detecting and responding to mental health issues and connecting children, youth, and families who may experience behavioral health issues with appropriate services.<sup>28</sup>

Generally, school-based mental health services may include mental health screenings and assessments, and referrals to school-based or community-based providers for interventions, services, or assistance.<sup>29</sup> These services must be initiated in a timely manner, according to the following timeline<sup>30</sup>:

- Students referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns must be assessed within 15 days after referral;

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<sup>26</sup> Section 1001.212(11)(a), F.S.

<sup>27</sup> Section 1001.212(11)(a)2.-4., F.S.

<sup>28</sup> Section 1006.041, F.S.

<sup>29</sup> Section 1006.041, F.S.

<sup>30</sup> Section 1006.041(c), F.S.

- School-based mental health services must be initiated within 15 days after identification and assessment; and
- Community-based mental health services must be initiated within 30 days of the referral.

### ***Mental Health Assistance Allocation***

The mental health assistance allocation provides funding to assist school districts in implementing the required school-based mental health assistance program.<sup>31</sup> Each school district must receive a minimum of \$100,000 annually, with additional funding based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment.<sup>32</sup>

To receive the funding, each school district must develop a detailed plan outlining the components of the mental health assistance program and submit the plan to the district school board for approval.<sup>33</sup> All district schools, including charter schools, must be included in the plan, unless a charter school elects to submit a plan independently from the school district.<sup>34</sup>

The plan must be focused on a multi-tiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with mental health and/or substance abuse diagnoses and to students at high risk of such diagnoses.<sup>35</sup> The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care.

At a minimum, the plan must include the following components<sup>36</sup>:

- Direct employment of school-based mental health services providers to expand and enhance school-based student services and to reduce the ratio of students to staff. The plan must identify strategies to increase the amount of time that school-based student services personnel spend providing direct services to students.
- Contracts or interagency agreements with local community health providers or providers of Community Action Team services to provide a behavioral health staff presence and services at district schools.<sup>37</sup>
- Policies and procedures, including contracts with service providers, which will ensure that students who are referred to a school-based or community-based mental health service provider are timely assessed following referral, and that parents and other members of the student's household are provided with information about available community mental health resources.

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<sup>31</sup> Section 1011.62, F.S.

<sup>32</sup> Section 1011.62(13), F.S.

<sup>33</sup> Section 1006.041, F.S.

<sup>34</sup> Section 1006.041, F.S.

<sup>35</sup> Section 1006.041(2), F.S.

<sup>36</sup> *Id.*

<sup>37</sup> Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, trauma-informed care, mobile crisis services, and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth.

- Strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems; depression; anxiety disorders; suicidal tendencies; or substance use disorders.
- Strategies to improve the early identification of social, emotional, or behavioral problems or substance use disorders; to improve the provision of early intervention services; and to assist students in dealing with trauma and violence.
- Procedures to assist a mental health services provider, a behavioral health provider, or a school resource officer of school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination.
- School district policies which require that school or law enforcement personnel make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination.

Each school district is required to submit its approved plans, including approved plans of each charter school in the district, to the Department of Education by August 1 of each fiscal year.<sup>38</sup>

The following chart displays the funding for the Mental Health Assistance Allocation since it was established in 2018:

<b>Mental Health Assistance Allocation FY 2018-2025</b>	
<b>Fiscal Year</b>	<b>Funding Amount</b>
2018-2019 <sup>39</sup>	\$69,237,286
2019-2020 <sup>40</sup>	\$75,000,000
2020-2021 <sup>41</sup>	\$100,000,000
2021-2022 <sup>42</sup>	\$120,000,000
2022-2023 <sup>43</sup>	\$140,000,000
2023-2024 <sup>44</sup>	\$160,000,000
2024-2025 <sup>45</sup>	\$180,000,000
<b>Total</b>	<b>\$844,237,286</b>

### **District School Boards**

Each district school board is responsible for attending to the health, safety, and other matters relating to the welfare of students in the district's geographic area.<sup>46</sup> Each district school superintendent is required to establish policies and procedures for the prevention of violence on

<sup>38</sup> Section 1006.041(3), F.S.

<sup>39</sup> Section 36, ch. 2018-3, L.O.F.

<sup>40</sup> Specific Appropriations 6 and 93, s. 2, ch. 2019-115, L.O.F.

<sup>41</sup> Specific Appropriations 8 and 92, s. 2, ch. 2020-111, L.O.F.

<sup>42</sup> Specific Appropriations 7 and 90, s. 2, ch. 2021-36, L.O.F.

<sup>43</sup> Specific Appropriations 5 and 86, s. 2, ch. 2022-156, L.O.F.

<sup>44</sup> Specific Appropriations 5 and 80, s. 2, ch. 2023-239, L.O.F.

<sup>45</sup> Specific Appropriations 5 and 84, s. 2, ch. 2024-231, L.O.F.

<sup>46</sup> Section 1001.42(8), F.S.



school grounds, including the assessment of and intervention with individuals whose behavior poses a threat to the safety of the school community.<sup>47</sup>

Mental Health Coordinator

Each school district board is required to identify a mental health coordinator for the district that shall serve as the district's primary point of contact regarding the district's coordination, communication, and implementation of student mental health policies, procedures, responsibilities, and reporting, including the following<sup>48</sup>:

- Coordinating with the Office of Safe Schools.
- Maintaining records and reports regarding student mental health as it relates to the mental health assistance program and school safety.
- Facilitating the implementation of school district policies relating to the respective duties and responsibilities of the school district, the superintendent, and district school principals.
- Coordinating with the school safety specialist on the staffing and training of threat management teams and facilitating referrals to mental health services, as appropriate, for students and their families.
- Coordinating with the school safety specialist on the training and resources for students and school district staff relating to youth mental health awareness and assistance.
- Reviewing annually the school district's policies and procedures related to student mental health for compliance with state law and alignment with current best practices and making recommendations, as needed, for amending such policies and procedures to the superintendent and the district school board.

Threat Management Coordinator

Each district school board and charter school governing board is required to establish a threat management team at each school. Threat management teams are tasked with utilizing resources, assessment, and intervention services with students whose behavior may pose a threat to the safety of the school, school staff, or students.<sup>49</sup> The teams are required to inform students, faculty, and staff how to recognize threatening or aberrant behavior that may represent a threat to the community, school, or self. Further, threat management teams are required to inform students, faculty, and staff which members of the school community to whom they can report threatening behavior.<sup>50</sup>

Individuals on the threat management team have expertise in counseling, instruction, school administration, and law enforcement. Upon a suspected immediate mental health or substance abuse crisis, threat management teams direct school personnel to engage behavioral health crisis resources.<sup>51</sup> These behavioral health crisis resources provide emergency intervention and assessments, make recommendations, and refer the student for appropriate services.<sup>52</sup>

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<sup>47</sup> Section 1006.07(6), F.S.

<sup>48</sup> Section 1006.07(6)(b), F.S.

<sup>49</sup> Section 1006.07(7), F.S.

<sup>50</sup> Section 1006.07(7)(c), F.S.

<sup>51</sup> Section 1006.07(7)(h), F.S.

<sup>52</sup> *Id.*

Each district school board is required to establish a threat management coordinator who serves as the primary point of contact regarding the district's coordination, communication, and implementation of the threat management program. The threat management coordinator must report quantitative data from the program to the Office of Safe Schools.<sup>53</sup>

### **Evidence-Based Mental Health Awareness and Assistance Program**

In 2018 the Legislature required the Department of Education to establish an evidence-based youth mental health awareness training program to help school personnel identify and understand the signs of emotional disturbance, mental illness, and substance use disorders.<sup>54</sup> The DOE was tasked with providing school personnel with the skills necessary to help a person who is developing or experiencing an emotional disturbance, mental health, or substance use problem.<sup>55</sup> Every school district has at least one certified youth mental health awareness and assistance trainer that can train all school personnel within the school district.<sup>56</sup>

The training program must include, but is not limited to, the following<sup>57</sup>:

- An overview of mental illnesses and substance use disorders and the need to reduce the stigma of mental illness.
- Information on the potential risk factors and warning signs of emotional disturbance, mental illness, or substance use disorders, including, but not limited to, depression, anxiety, psychosis, eating disorders, and self-injury, as well as common treatments for those conditions and how to assess those risks.
- Information on how to engage at-risk students with the skills, resources, and knowledge required to assess the situation, and how to identify and encourage the student to use appropriate professional help and other support strategies, including, but not limited to, peer, social, or self-help care.

Each school district is required to notify all school personnel who have received this youth mental health awareness and assistance training, and the individual to contact if a student needs services. The term “mental health services” includes, but is not limited to, community mental health services, health care providers, and services provided by multiple agencies for students with severe emotional disturbance, and services provided from the mental health assistance program.<sup>58</sup>

### **Charter Schools**

Charter schools are public schools that operate under a performance contract, or a “charter” between the charter school governing board and the charter school's sponsor.<sup>59</sup> They are held to the same evaluation and “grading” standards as traditional public schools and may be closed if

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<sup>53</sup> Section 1006.07(7)(j), F.S.

<sup>54</sup> 2018-3, L.O.F.

<sup>55</sup> *Id.*

<sup>56</sup> *Id.*

<sup>57</sup> Section 1012.584(3), F.S.

<sup>58</sup> Section 1012.584(4), F.S.

<sup>59</sup> Florida Department of Education, *Charter Schools*, available at: <https://www.fldoe.org/schools/school-choice/charter-schools/charter-school-faqs.shtml> (last visited 3/21/25).

they fail to meet these standards.<sup>60</sup> Further, they are funded through the same funding sources as traditional public schools. During the 2023-2024 school year, there were over 730 charter schools in Florida, serving 397,656 students.<sup>61</sup>

### **Coordinated System of Behavioral Health Care**

Behavioral health care generally refers to the prevention, diagnosis, and treatment of mental health and substance use conditions.<sup>62</sup> In Florida, state agencies work together to create a coordinated system of care for behavioral health.

A “coordinated system of care” refers to the full array of behavioral and related services available in a region or community. These services may be offered through managing entities,<sup>63</sup> community partners, or another service provider.<sup>64</sup> The coordinated system of care must include the following<sup>65</sup>:

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and postdischarge services;
- Medication-assisted treatment and medication management; and
- Recovery support.

Each year, the DCF is required to assess the behavioral health services available in the state to consider the effectiveness of the state’s coordinated system of care. This assessment must include, at a minimum, the following<sup>66</sup>:

- The extent to which designated receiving systems function as no-wrong-door models<sup>67</sup>;
- The availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;
- The availability of less-restrictive services; and
- The use of evidence-informed practices.

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<sup>60</sup> *Id.*

<sup>61</sup> Florida Department of Education, *School Choice*, available at: <https://www.fldoe.org/schools/school-choice/charter-schools/> (last visited 3/21/25).

<sup>62</sup> The American Medical Association, What is behavioral health?, available at: <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health> (last visited 3/30/25).

<sup>63</sup> “Managing entity” refers to a corporation selected by and under contract with the DCF to manage the daily operational delivery of behavioral health services through a coordinated system of care. *See* Section 394.9082, F.S.

<sup>64</sup> Section 394.9082, F.S.

<sup>65</sup> Section 394.4573(2), F.S.

<sup>66</sup> Section 394.4573, F.S.

<sup>67</sup> “No-wrong-door models” refers to a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system. *See* Section 394.4573(1)(d), F.S.

Individuals may enter the behavioral health care system through a variety of pathways, such as assessment and clinical treatment, crisis intervention, psychiatric hospitalization, and other approaches.<sup>68</sup> Students may become involved in the coordinated system of care for behavioral health upon an involuntary examination, or Baker Act, that is initiated at school. An individual may be taken to a Baker Act Receiving Facility<sup>69</sup> if there is reason to believe that the person has a mental illness and the following conditions have been met<sup>70</sup>:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or
- The person is unable to determine for himself or herself whether examination is necessary; and
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

The DCF maintains data on the number of involuntary examinations of students that were removed from school, and is required to share such data with the Louis de la Parte Florida Mental Health Institute (FMHI).<sup>71</sup> Current law requires the FMHI to use such data to, at a minimum, analyze and report on the following<sup>72</sup>:

- Initiation of involuntary examinations of children and the initiation of involuntary examinations of students who are removed from school;
- Identify any patterns or trends and cases in which involuntary examinations are repeatedly initiated on the same child or student;
- Study root causes for such patterns, trends, or repeated involuntary examinations; and
- Make recommendations to encourage the use of alternatives to eliminate inappropriate initiations of such examinations.

### III. Effect of Proposed Changes:

**Section 1** of the bill creates s. 394.4575, F.S. to require the OPPAGA to evaluate school district's compliance with the provision of mental health services and supports provided to students by the statewide behavioral threat management operational process, the mental health assistance program, and continuing education and inservice training for youth mental health awareness and assistance. The bill requires the OPPAGA to consult with the DCF, DOE, the Louis de la Parte Florida Mental Health Institute, and any other relevant stakeholders during the evaluation.

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<sup>68</sup> Florida DCF, *The System of Services and Support*, available at: <https://prod.myflfamilies.com/services/samh/treatment-services/AMH/system-of-services-and-support> (last visited 3/30/25).

<sup>69</sup> Currently, there are 120 Baker Act Receiving facilities designated by the DCF. See DCF agency analysis.

<sup>70</sup> Section 394.463, F.S.

<sup>71</sup> *Id.*

<sup>72</sup> Section 394.463(4), F.S.

The bill requires the OPPAGA to do the following:

- Provide an initial evaluation of expenditure plans and program outcome reports submitted by school districts pursuant to mental health assistance program in s. 1006.041, F.S. to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31, 2025. The evaluation must include, but is not limited to, the following:
  - An assessment of school district compliance with the requirements of the statewide behavioral threat management operational process, the mental health assistance program, and continuing education and inservice training for youth mental health assistance.
  - An assessment of treatment outcomes, system capacity, and performance of mental health services in the mental health assistance program.
  - An assessment of the policies, procedures, and data collection that inform the school district's reporting of information required in the mental health assistance program.
  - An assessment of the mental health assistance programs' integration into the coordinated system of behavioral health care required under s. 394.4573, F.S.
  - Identification of, and recommendations for, other relevant data and information needed from the mental health assistance programs to perform an effective annual evaluation of treatment outcomes, system capacity, performance, and level of integration with community coordinated systems of care.
- Provide a final review and evaluation of the mental health assistance programs within the school districts to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2026. The evaluation must include, but is not limited to, the following:
  - An assessment of school district compliance with the requirements of the statewide behavioral threat management operational process, the mental health assistance program, and continuing education and inservice training for youth mental health assistance.
  - An assessment of the treatment outcomes, system capacity, and performance of mental health services provided pursuant to the mental health assistance program.
  - An assessment of the mental health assistance programs' ongoing level of integration with the coordinated system of behavioral health care in the state.
  - Recommendations to enhance treatment outcomes, system capacity, and performance of school-based mental health assistance programs and increase the integration of those programs into the coordinated system of behavioral health care.

The bill requires the DOE, school district threat management coordinators, and mental health coordinators to coordinate with the OPPAGA and provide requested information, reports, and data for evaluation and inclusion in the report. This information must include, but is not limited to, the following:

- Referrals to mental health services originating from the behavioral threat process or assessment instrument, in the aggregate.
- OPPAGA identified:
  - Performance metrics.
  - Treatment outcome metrics.
  - System capacity metrics.

The bill requires the DCF and the Louis de la Parte Florida Mental Health Institute to coordinate with OPPAGA and provide requested information and data related to outcomes and performance

of integrated and coordinated behavioral health systems of care pursuant to ch. 394, F.S. for evaluation and inclusion in the report.

**Section 2** of the bill provides the act shall take effect upon becoming a law.

**IV. Constitutional Issues:**

**A. Municipality/County Mandates Restrictions:**

The bill does not require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18, of the State Constitution.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None identified.

**V. Fiscal Impact Statement:**

**A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates s. 394.4575, Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Children, Families, and Elder Affairs Committee on April 1, 2025:**

- Requires the OPPAGA, rather than the DCF, to evaluate school district's compliance with the provision of mental health services and supports to students in school.
- Requires the OPPAGA to submit an initial evaluation and final review of the mental health programs within school districts by December 31, 2025 and December 1, 2026, respectively.
- Requires the DOE, school district threat management coordinators, and mental health coordinators to provide the OPPAGA with requested information, reports, and data for the purposes of inclusion in the OPPAGA's evaluation and report.
- Changes the effective date of the bill to take effect upon becoming law.
- Removes language requiring the DCF to create and utilize a survey or tool to evaluate the provision of mental health services and supports within schools.

**B. Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/02/2025	.	
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The Committee on Children, Families, and Elder Affairs (Bradley) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Section 394.4575, Florida Statutes, is created  
to read:

394.4575 Student mental health assistance program  
evaluation.—

(1) The Office of Program Policy Analysis and Government  
Accountability (OPPAGA), in consultation with the Department of





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Children and Families, the Department of Education, the Louis de la Parte Florida Mental Health Institute, and any other identified relevant stakeholder must evaluate school district compliance with ss. 1001.212(11), 1006.041, and 1012.584(4), and the mental health services and supports provided to students pursuant to those sections. The OPPAGA must:

(a) By December 31, 2025, provide an initial evaluation of the expenditure plans and program outcome reports submitted by school districts as required in s. 1006.041 to the Governor, President of the Senate, and Speaker of the House of Representatives. This evaluation must include, but is not limited to:

1. An assessment of school district compliance with the requirements of ss. 1001.212(11), 1006.041, and 1012.584(4).

2. An assessment of treatment outcomes, system capacity, and performance of mental health services provided pursuant to s. 1006.041(2) (a) and (b).

3. An assessment of the policies, procedures, and data collection that inform the reporting by school districts as required pursuant to s. 1006.041.

4. An assessment of the mental health assistance programs' integration into the coordinated system of behavioral health care required under s. 394.4573.

5. Identification of, and recommendations for, other relevant data and information needed from the mental health assistance programs to perform an effective annual evaluation of treatment outcomes, system capacity, performance, and level of integration with community coordinated systems of care.

(b) By December 1, 2026, provide a final review and



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evaluation of the mental health assistance programs within the school districts to the Governor, the President of the Senate, and the Speaker of the House of Representatives. This evaluation must include, but is not limited to:

1. An assessment of school district compliance with the requirements of ss. 1001.212(11), 1006.041, and 1012.584(4).

2. An assessment of the treatment outcomes, system capacity, and performance of mental health services provided pursuant to s. 1006.041(2)(a) and (b).

3. An assessment of the mental health assistance programs' ongoing level of integration with the coordinated system of behavioral health care required under s. 394.4573.

4. Recommendations to enhance treatment outcomes, system capacity, and performance of school-based mental health assistance programs and increase the integration of those programs into the coordinated system of behavioral health care.

(2) The Department of Education, school district threat management coordinators, and mental health coordinators as described in s. 1006.07 must coordinate with the OPPAGA and provide requested information, reports, and data for evaluation and inclusion in the report, to include, but need not be limited to:

(a) Referrals to mental health services originating from the behavioral threat process or assessment instrument, in the aggregate.

(b) OPPAGA identified:

1. Performance metrics.

2. Treatment outcome metrics.

3. System capacity metrics.



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(3) The department and the Louis de la Parte Florida Mental Health Institute must coordinate with the OPPAGA and provide requested information and data related to outcomes and performance of integrated and coordinated behavioral health systems of care pursuant to ch. 394 for evaluation and inclusion in the report.

Section 2. This act shall take effect upon becoming law.

===== T I T L E   A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled

An act relating to the reporting of student mental health outcomes; creating s. 394.4575, F.S.; requiring the Office of Program Policy Analysis and Government Accountability to submit an initial specified evaluation to the Governor and Legislature by a specified date; providing evaluation requirements; requiring the Office of Program Policy Analysis and Government Accountability to submit a final specified evaluation to the Governor and Legislature by a specified date; providing evaluation requirements; providing an effective date.